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EXTRACTS

FROM

THE RECORDS

OF THE

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

Published in the American Journal of the Medical Sciences

BY

THE SECRETARIES OF THE SOCIETY:

SAMUEL PARKMAN, M.D. — 1848-9;

WILLIAM W. MORLAND, M.D. — 1850-3.

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EXTRACTS FROM THE RECORDS

OF THE

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BY SAMUEL PARKMAN, M. D., SECRETARY.

[Extracted from the American Journal of the Med. Sci. for Oct. 1848.]

Jan. 24th, 1848.—Hydrocephalic Child.—Dr. Storer presented two drawings for the cabinet, and read the following account of the case with measurements, &c. The child was examined at Brighton October 29th, 1847. It was then five years and six months old. It died about a fortnight since, being about five years and nine months old.

Its head measured as follows :—

Circumference, $27\frac{3}{4}$ inches ; from centres of meatus auditorii, $17\frac{1}{4}$ in. ; from base of nose to occipital ridge 19 in. ; from base of nose to hair on forehead, $3\frac{1}{2}$ in. ; from meatus to posterior fontanelle, $5\frac{1}{2}$ in. ; from forehead to occiput, $10\frac{1}{2}$ in. ; greatest transverse width, $7\frac{1}{2}$ in. ; from meatus to frontal protuberance of the same side, $4\frac{1}{4}$ in. ; space between internal canthi $1\frac{1}{2}$ in. ; weight of head $10\frac{1}{2}$ lbs. ; of body, including head, $22\frac{1}{2}$ lbs. ; fontanelles nearly ossified.

The head was large at birth, and increased rapidly during the first six months. The growth of the body has been very slow ; the muscles of the extremities are attenuated and feeble ; he has never been able to bear his own weight ; when a year old he crept ; but he makes no effort to move now ; he either sits upon the floor or is supported in a chair.

He is easily frightened ; has had frequent falls with injury to the head. When fourteen months old he had two convulsions, supposed owing to indigestible food, and has since frequently appeared as if about to have a recurrence of the fits. Had no increased difficulty while teething ; had *chicken-pox* and *whooping-cough* the same winter without any particular

trouble. The appetite has always been good, and he has eaten as much as common children. The sleep is good, and he uniformly wakes early in the morning, and seems cheerful and happy. Although the evacuations have not passed involuntarily, yet, for the most part, they have occurred without giving warning, resembling infants in this respect. The urine has always been passed in bed, and has sometimes been immoderate in quantity.

Tapping in Hydrocephalus.—Dr. S. Parkman had performed this operation five times at intervals of a week in a child six months of age, drawing off about ten ounces of fluid each time; the punctures were made at the anterior fontanelle, on the side of the median line, and the instrument, a fine trochar, entered about two inches. The head measured twenty inches in circumference, and the fontanelles were large and bulging. The child was comatose; occasionally moaning; pupils dilated and insensible without strabismus. Pulse small and feeble; appetite as usual, and bowels inclined to costiveness. After each tapping, the head was carefully strapped with adhesive plaster, and the child aroused in a very marked manner. The fluid, however, rapidly regenerated each time, and death occurred after the fifth tapping, without any change of symptoms. At the autopsy the convolutions were found flattened, and the cerebral substance about half an inch thick; the ventricular cavities contained a pint of clear fluid. No signs of inflammation produced by the operations.

Drawings and Daguerreotype views of appearances in Intestines, consequent upon the Diarrhoea following British Typhus, as seen in Boston.—Dr. Bowditch exhibited these, the property of Dr. Upham, who had caused them to be executed, the former by Mr. Seagur, the artist; the latter, by Mr. Whipple. The appearances were remarkably well shown in both cases. The appearances were a vivid redness of the upper portion of the small intestine, and the mucous membrane near the ileo-caecal valve thrown into large elevated transverse rugæ of a mottled red and dark or dirty white colour. Some of these rugæ (in the original specimens) were three or four lines high and one thick. The intervals were paler: but the whole of the membrane had lost its wonted polish. Peyer's patches were seen perfectly healthy, making depressions in the rugæ. The large intestines were greatly discoloured, and the mucous membranes thickened, and in parts ulcerated. The isolated glands were very distinct in the plates. Dr. Upham had noticed, among the emigrants convalescing from typhus, a disposition to diarrhoea, with slimy, but rarely bloody discharges: at times relieved, usually only temporarily so, generally returning with increased severity, and almost universally fatal. This symptom commenced ten or twelve days after convalescence, usually traceable to some dietary error. Death took place usually from one to two months after the com-

rhœa began, and, on examination, the above appearances, or others wholly similar, were universally observed.

Feb. 14th.—Spontaneous Laceration of the Pericardiac Aorta.—Dr. J. B. S. Jackson exhibited the specimen from a patient of Dr. Cotting, of Roxbury, associate member of the society. A man, sixty years of age, of healthy appearance, but rather dyspeptic, ate heartily of ham at breakfast, to which he was not accustomed, and again at noon. In the evening he complained of nausea and faintness, and by Dr. C.'s advice took an emetic. The pulse was noted as rather small. Nothing unusual occurred during the first part of the night; but about two, his wife was awakened by his oppressed breathing, and he soon died.

On dissection, the cavity of the pericardium contained about six ounces of fluid and coagulated blood. The aorta, which was shown to the society, presented a laceration about half way between the valves and the arch, extending through the entire thickness of the vessel, and in a spiral direction, so as to involve more than its circumference. The pericardium was stripped up from the anterior face of the aorta, forming a large cavity filled with blood, which had finally burst. In regard to structure the ascending aorta was almost perfectly healthy, and the descending portion was but moderately diseased. The edges of the laceration were nearly as smooth as if cut with a knife. The heart and other organs were healthy.

Colloid Cancer of the Stomach.—Dr. J. B. S. Jackson presented the specimen from a patient of Dr. Storer, a short, fat, healthy looking woman, of forty-five years of age. The antecedents were dyspeptic feelings for a year; frequent vomiting, with distress at stomach, and loss of appetite for five or six weeks. Two weeks before death, Dr. S. being consulted, discovered epigastric tumour. The appearance of health was preserved to the last, and the patient was out as usual within a month of her decease.

The stomach, which was presented to the society, and is in the cabinet, showed the appearances of colloid cancer very well marked, involving the entire circumference of the pyloric portion to the extent of four or five inches, and encroaching slightly upon the duodenum. The mucous membrane was first affected, and afterwards the muscular, the sub-mucous cellular tissue being but little implicated; the maximum thickness was two-thirds of an inch; the surface was ulcerated to but a slight extent. From the anterior face of the stomach there projected externally a mass of the same disease of considerable size, and from the posterior face a similar one, but smaller. Two or three other small masses were also seen in the substance of the organ near the small curvature, and in the omentum near the large curvature were traces of the disease. The stomach was large and the mucous membrane in the portion not diseased, presented a uniform

redness without other change All the other organs were perfectly free from malignant disease.

28th.—Rupture of the Aorta.—The specimen was presented by Dr. Jackson, who gave the account of the case as follows:—A man, fifty-six years of age, and enjoying good health, was out of town on Tuesday afternoon, returning in the evening, and supping about 9 P. M. Soon after, he was seized with pain at the epigastrium, extending through to spine. During the night there were vomiting and inability to lie down. In the morning Dr. Gay saw him, and prescribed opiates with some relief. The pain continued during the day, which was passed without lying down, and he died at 4½ P. M. At the autopsy about two or three ounces of blood were found in the pericardium, and the aorta was ruptured in about two-thirds of its circumference just above the valves. The internal coats of the artery having given way, the blood had dissected a passage for itself until it finally reached the internal iliacs, where perforation of the inner coat again took place upon the right side, and the blood returned into its former channel; the branches from the arch were also dissected. This dissection involved mostly the posterior parietes of the aorta, and nearly or quite one-half of its circumference, the fibres of the middle coat being seen upon both surfaces along the false passage. The tissues of artery were nowhere much diseased, and apparently perfectly healthy at the place of rupture, except an appearance as of an old laceration, which had been cicatrized just above the valves.

Apparent Conjunction of Cancer and Tubercle in the same Organ—the Testicle.—Dr. Jackson presented the specimen removed by Dr. S. Parkman at the Hospital. A married man, thirty years of age, eighteen months since first noticed a swelling of the right testis, which has gradually and without pain attained the present size, that, say, of two oranges. Six weeks since, in the country, it was punctured under the idea of its being a hydrocele, which it much resembled in shape. Since then a little pus had been squeezed out each day at the opening. The integuments were tense, with several enlarged veins, and non-adherent except at the point of puncture—from which a drop or two of pus exuded, of the character usually styled scrofulous. The size of the tumour, the enlarged veins, the non-adhesion of the integuments, and the peculiarly elastic feeling suggested malignant disease; but the scrofulous pus seemed clearly to indicate tubercular deposition. The organ exhibited showed the whole of the testicle to be the seat of a tubercular abscess, which had destroyed nearly the whole tissue, while the epididymis showed well marked encephaloid disease. Dr. Parkman had examined both these tissues microscopically, and found in the latter a well marked stroma, and the irregular nucleated cells as signs of malignant disease; in the former the microscopic appear-

ances were not perfectly conclusive as regards the disease being tubercular. Dr. Jackson spoke of this yellow, opaque, tuberculoid formation, as he called it, as being not at all uncommon in otherwise well characterized encephaloid masses.

March 13th. Arm presentations—delivery effected with the aid of Etherization.—Dr. Channing within three weeks had seen three cases. In the first, the cord and hand were in the vagina. Chloroform was administered, a foot reached, and the child was born alive. In the second, labour had continued four days, and the child had been dead some time. Ether was employed, and turning effected, and the mother did well. In the third, Dr. C. saw the woman on the fifth day, as reported by the attendants—the child was dead, and the arm enormously swollen. Etherization was effected; amputation at the shoulder and evisceration practised, and the mother did well. In all three, the advantages of the anæsthetic state were well marked, both in the facility it afforded to the operator, and the prevention of suffering for the mother.

27th. Paralysis of Long Thoracic Nerve.—Dr. Bowditch exhibited the subject, a man twenty years of age. The antecedents were typhoid fever in November, convalescence from which was rather tardy. The deafness was considerable, which still continues slightly. During convalescence, he observed the right arm weaker than the other, especially in all the motions requiring its raising. He commenced work, that of a soap-stone cutter, about ten days since, when one of his companions noticed an unusual prominence of the shoulder-blade. The phenomena at present, and as exhibited to the Society, are:—a very slight projection of the base of right scapula from the side of the chest, when the arm is raised forwards, however, this projection increases in a very extraordinary degree, the base of the scapula forming a high ridge, admitting the fingers to be passed quite into the fossa subscapularis. The arm cannot be raised above a right angle. The serratus magnus anticus is evidently the paralyzed muscle. When the scapula is supported behind by the hand of another, the arm can be readily raised by the patient. There is no other paralysis, or affection of the nerves of special sense, save the slight deafness already mentioned. General health good. A mechanical support and electricity were suggested as treatment.

April 10th. Ovum blighted and retained for a long time.—Dr. Jackson presented the specimen from a patient of Dr. Putnam. A healthy woman, mother of nine children, supposed herself to have conceived in November. All the symptoms of pregnancy were not present, however, and the existence of this condition remained uncertain, until abortion took place, about a week since. The fœtus which was exhibited was about the size of a

Effusion into pleural cavities suddenly fatal after scarlet fever.—Dr. E. Ware had attended a child, four or five years of age, with mild scarlet fever, from which the convalescence was good. A week after his discontinuance of visits, he was recalled, and found general anasarca. Under the use of diuretics, as uva ursi, this disappeared, and quinine had been prescribed and taken one day.

The next morning, the child was well enough to be playing about the house, but was observed to have a little shortness of breath, which gradually increased towards the latter part of the day, unaccompanied by any other symptoms. After taking a light supper, the dyspnoea became rapidly worse, and the child died in about four hours, from a gradually increasing suffocation. Percussion of both backs gave a dull sound, and there was absence of the respiratory murmur. Dr. W. diagnosed rapid dropsy of the pleural cavities. A similar case had occurred in his practice a year or two since.

Polypus of the Intestine.—Intussusception.—Dr. J. B. S. Jackson exhibited the specimen from a patient of Dr. C. Wild of Brookline, a female of seventy-five years of age. Although the bowels were habitually regular, she had taken aloetic pills twice, during the three weeks prior to her decease, on account of vertigo, &c.; these had operated mildly, and on a Sunday, she took the same for the third time; on Monday she had three discharges, and with the third, while in the privy, was seized with severe pain in the region of the cæcum. Dr. W. being called, discovered a tumour in the seat of the pain, tenderness about the umbilicus, with tympanitis in that region, and a contraction along the arch of the colon. The pain was relieved by an enema, and returned only once, and that but for a short time; there was a little nausea on Tuesday; she continued much prostrated until Friday, and then died. During these five days, large enemata, several ounces of castor-oil, and one day five drops of croton oil were administered; the enemata were generally followed by discharges of bloody water; there was no fecal dejection after Monday, and no tenesmus except after the enemata. The tumour continued until death.

The specimen showed a polypus the size of the thumb, in the small intestine,—three feet from the cæcal valve, attached by a short pedicle; the invagination commenced here, and the polypus protruded into the large intestine three inches beyond the valve, and the whole was closely impacted, much swollen and infiltrated with serum and blood, and of a deep red colour. Above the invagination, the intestine contained a great quantity of liquid, and some oil; and below it was proportionately contracted.

Statistics of Cancer.—Dr. S. Parkman gave the result of the examination of the Hospital Records upon this subject. It appeared, that in 1847 there had been twenty-four operations for cancer,—four times as many as

in any year since 1822, when the hospital was opened. This was in a considerable degree to be attributed to patients being attracted by the advantages to be obtained from etherization. Of cancer of the breast, there had been seventy-five cases since the opening of the hospital, and five of these had died: two of erysipelas, and three of internal disease, which existed at the time of operation, and should have precluded it. The results as regards the future state of patients, could not be known: the only fact shown was, that the operation was not a dangerous one.

24th. Ovarian Cyst.—Dr. J. B. S. Jackson presented the specimen from a patient of Dr. Thaxter, of Dorchester, a lady fifty years of age, married at forty, and who had had one child. The disease was of about four years' duration, and nearly six hundred pounds of fluid had been drawn off at different times,—sixty-four pounds even at one operation; the fluid was colourless and glutinous. The chief suffering was from distension, and the patient gradually sunk under the disease. The diseased mass, as shown to the Society, consists of one very large, dense, whitish cyst, with numerous smaller growths. These latter vary from one to five inches in diameter, and are of a regular rounded form, some being pedunculated, and others attached by a hard base to the interior of the large cyst. On being cut through they seem to consist, mainly, of an extremely viscid, gelatiniform substance, nearly, or quite transparent, mostly colourless, though in some of the masses deeply tinged with blood, and in a few of them is seen a soft, yellowish, opaque deposit; this is contained in a coarse lax cellular tissue, and surrounded by a membrane that is easily ruptured; no appearance of encephaloid disease. The uterus is much elongated, especially upon the side corresponding to the cyst, as so often happens in this disease. Right ovary healthy.

Congenital Abscess of Lachrymal Sac.—Dr. Bethune has observed this in a child, existing from its birth. He supposed it dependent upon malformation of the passage. A style was passed, though it was uncertain whether it did not pass by the os unguis. Dr. B. did not find similar cases recorded, except one by Berârd, of a congenital fistula of the sac.

May 8th.—Imperforate Rectum.—Dr. S. Parkman was called to the child fifty-two hours after birth, a male, born under the care of a midwife. No stools had passed; the abdomen was greatly distended and tympanitic, and the superficial veins much distended; there was constant vomiting of a thin yellow fluid. The anus was well formed and admitted the finger about half an inch. No protrusion, however, was felt. A trocar, and afterwards a sharp-pointed bistoury were passed up about an inch and a half in the direction of, but without reaching, the gut. The child died a few hours after. The specimen, which was exhibited, showed the rectum

enormously enlarged, this being the consequence of its formation, and not the result of distension, as the sigmoid flexure terminated in it of the natural size. The rectum terminated in a blind pouch more than an inch distant from the small portion connected with the anus. Only loose cellular tissue intervened between the two portions. The specimen is in the cabinet.

June 26th.—Encephaloid Tumour from Labium Pudendi Externum.

—Dr. J. B. S. Jackson presented the specimen removed by Dr. Lewis. It is a perfect example of the disease, two inches in diameter and well defined. The patient is a respectable married woman, forty-three years of age. At the age of eighteen she had a disease in the left groin near the labium, which was removed a year afterwards. At the age of twenty-eight the disease reappeared, and was again removed. As the result of these operations a scar now remains about three inches in diameter and surrounded by warty excrescences, which are said occasionally to disappear. No warts upon the labia as in elephantiasis. The encephaloid mass exhibited was first noticed six months since, and has grown rapidly with an occasional twinge, but scarcely any pain; before the operation it was fleshy to the touch; of a rounded form; movable and situated just beneath the skin, which was not adherent, and but slightly abraded in one point; there was scarcely any discoloration.

Chronic Ulcer of the Stomach; Hemorrhage from the Splenic Artery.

—Dr. J. B. S. Jackson presented the specimen sent by Dr. S. Salisbury, of Medway, and taken from a man, who for three years had suffered from pain referred to the right hypochondrium, and which, during the last year from its increase, had incapacitated him from business. Six weeks before death there had been a copious hæmatemesis, and this had occurred at intervals of one or two weeks since. The countenance was sallow throughout the disease. The stomach, which is in the society's cabinet, presents, in the pyloric portion, posteriorly close to the small curvature, a pale circular ulcer an inch in diameter, without induration or thickening, and passing through all the coats. The pancreas forms the base of the ulcer, which is adherent to it. Some of the granulations of this gland are seen, though the surface of the ulcer is mostly smooth. The large open orifice of an eroded artery is very conspicuous, and examination shows this to be the splenic of full size, and as healthy as usual in persons past middle age. The lips of the orifice present nothing unusual, and there is no clot in the interior of the vessel. The pancreas is otherwise healthy, and also the stomach; which, however, was found, on dissection, full of coagula and serum. An interesting point in this case was the sallowness of the countenance, which is generally considered characteristic of malignant disease.

July 10th.—Ovarian Cyst containing Hair, &c.—Dr. J. B. S. Jackson exhibited the specimen. The case occurred some years since in the practice of Dr. Harper of Sandwich, and the specimen, preserved in spirit, has been recently brought to the city by Dr. Lewis, and is by him presented to the society for their cabinet. The patient was an unmarried female, forty-nine years of age, and died from an attack of cholera. The general health was not good; countenance sallow, and the enlargement of the abdomen dated from a severe sickness that she had had thirty-three years before death. The cyst contained, by estimate of Dr. H., not less than two gallons of a muddy chocolate-coloured fluid, and floating in this a mass of hair and fat, the size of a full-grown fœtal head. The hair grows from the interior of the cyst by a peduncle more than a foot in length, like a scalp lock; the pores upon the surface from which it arises being well marked as in one of Cruveilhier's plates, which is shown with the specimen. There are also one or two other quite small patches of cutis on other parts of the cyst from which hair arises, besides some scattering hairs, about the origin of which there seems to be no especial development. Connected with the large cyst, and opening freely into it, is another, nearly the size of the first, and filled with two distinct masses of hair that seem to have no connection with its interior. In the walls of each of these cysts, but especially in the smaller one, there is a very considerable bony deposit, but no appearance of teeth, nor anything like a distinct fœtal bone.

Membranous Croup, treated by Cauterization of the Fauces and Larynx with Nitrate of Silver.—Dr. Clark had treated five cases in this way: three had recovered—two had died.

Aug. 14.—**CASE I.**—A boy two and a half years of age, who had been ill two or three days, and had had croupy respiration for thirty-six hours before he was seen. Cauterization was practised with some alleviation of suffering, but death ensued on the third day.

CASE II.—A girl five years of age and of scrofulous diathesis. The croupy respiration was well marked, and had been present more than twenty-four hours. Cauterization was employed and much false membrane was expectorated at various intervals. Considerable relief was obtained in this way; but the child died on the fourth day, with symptoms of exhaustion rather than of suffocation.

CASE III.—A delicate girl of three and a half years, who had sore throat with hoarseness. False membranes existed in patches on the tonsils, &c.; cauterization was employed. Croupy respiration, however, came on the next evening, but it was relieved in twelve hours, by the expectoration of small fragments of false membrane streaked with blood. The paroxysms of dyspnoea returned several times, being terminated in the same way, and the patient ultimately recovered, although the voice was not wholly restored for three weeks.

CASE IV.—A child of four years. The symptoms in this case were not very severe, although quite distinct. The croupy breathing had continued without remission for twelve hours—false membranes were remarked in the throat. The treatment here was followed by gradual and speedy recovery, without the expulsion of any large amount of false membrane.

CASE V.—The patient, a healthy girl of six years, was seen early in the disease, which lasted a fortnight. She had at first a sore throat and a febrile attack which disappeared the second day. The only symptom which persisted was a slight and increasing hoarseness, and patches of lymph were to be seen on the tonsils and spreading thence back toward the larynx. These increased until the whole throat was invested with a coating of the lymph and the croupy respiration had supervened. The caustic was regularly applied from the beginning, and the expectoration of the membrane began almost as soon as the breathing became much embarrassed. The paroxysms of distress and the intervals of relief followed each other in this way for nearly three days, when the respiration slowly assumed its natural character. The voice could not be raised above a whisper for several days later.

No medicine but Dover's powder was given, and this was repeated often enough to keep the patient constantly under its influence. The caustic was of the strength of xl grs. to ℥j of water, and was used with the small curved probang. The expectorated membranes were exhibited.

Aug. 28.—Dysentery, peculiar Post-mortem Appearances.—Dr. Jackson reported a case of this disease that had occurred in the practice of Dr. Homans. The patient was a child six years of age, and died on the fourth day of the disease. The case was remarkable for the amount of retching that existed, and for the character of the discharges; these last were very frequent, more or less bilious, and contained very little blood, but masses of a substance that must have been lymph, though it was supposed during life to consist of some undigested farinaceous food. On dissection, the whole of the large intestine, to within an inch of the cœcal valve, was found to be lined by a whitish curdy exudation, beneath which the mucous surface was of a deep cranberry red colour; no ulceration; solitary glands somewhat developed, and muscular coat thickened as usual. The small intestine was not affected; but in another case that has recently occurred in a still younger child, Dr. J. found redness with an effusion of lymph, not merely upon the mucous membrane of the lower portion of the ileum, but upon some of Peyer's glands; the large intestine being diseased essentially as in the above case. Dr. J. alluded to a specimen in the Society's Cabinet that shows the same form of inflammation of Peyer's glands in dysentery; and with regard to the effusion of lymph generally, he seemed disposed to consider it as characteristic of the disease in children, though as by no means confined to them.

Observations on Dysentery.—Dr. Fisher, from a long observation, thought the following laws were established in the disease, and desired to call the attention of gentlemen to their investigation. 1st. The true dysenteric symptoms are preceded by a preparatory period during which there is more or less diarrhœa, &c. &c. 2d. The dysenteric stage seems to obey a law of duration, no case terminating in less than eight days. 3d. The disease does not occur a second time in the same individual. On this point Dr. F. had found his experience confirmed by inquiries made among a number of practitioners in this city. 4th. Treatment had little influence to arrest the disease. 5th. As regards contagion, Dr. F. had observed the following facts. A child and its mother died of dysentery three years since at Dorchester; the child's aunt came from West Roxbury and grandmother from Providence, R. I., to nurse these two in their illness. After their return to their respective homes, they were both attacked with the disease; in the family of the aunt, it was communicated to the husband, two children and a servant; and in the family of the grandmother, to a daughter and two or three others.

Sept. 25.—Whortleberry Seeds considered as specimens of Hemp-Seed Urinary Calculi.—Dr. JACKSON exhibited a quantity of whortleberry seeds that were said to have been passed from the urinary bladder, and had been regarded as hemp-seed calculi. The fact in the case was proved by the most thorough examination. The patient was a lady, thirty years of age, and “in point of morals, &c., above suspicion;” she was suffering at the time from anasarca. Dr. J. also referred to a second case, that had recently occurred in this city, and where the same kind of seed appeared to have been used; the patient here also was a female, and probably above suspicion.

Laryngitis—Tracheotomy.—Death from Bronchitis and Pulmonary Congestion.—Dr. J. B. S. JACKSON exhibited the larynx and upper portion of a trachea taken from a patient under the care of Dr. Townsend at the hospital, showing great redness of the mucous membrane, with infiltration of pus in the submucous cellular narrowing the rima glottidis. Dr. J. exhibited the plate from Cruveilhier’s *Morbid Anatomy* descriptive of this affection, and the comparison showed the closest resemblance. The history of the case was as follows: A stout, plethoric man in the hospital with fracture of the forearm, complained of sore throat, which was prevalent in the ward, with a tendency to erysipelas, in consequence of which he was removed to another room. The next day he was suddenly attacked with urgent dyspnœa, which increased with such great rapidity and with so much edematous swelling of the neck externally, that tracheotomy was at once decided upon. The operation was much embarrassed by the remarkable shortness of the patient’s neck and the edematous infiltration. During its performance the dyspnœa was aggravated to such a degree as to threaten immediate suffocation; and the trachea was punctured with a flat trocar, and the opening enlarged with a probe-pointed bistoury. A very considerable quantity of blood escaped into the air-passages. But after the introduction of a canula, the patient rallied. The next day he was quite comfortable, walking about his room. But the second day after the operation, he was again attacked with dyspnœa and died after three hours. The mucous membrane lining all the air passages was found of a vivid redness, and the lungs choked with a frothy serum.

Anomalous Tumour in the Abdomen.—Dr. JACKSON had seen a case lately that seemed to him particularly obscure. The patient was a young married woman, perfectly healthy in appearance, and had been aware of the existence of the disease for some months. All of the functions were most carefully investigated; but nothing could be discovered to explain the case. The tumour was situated in the right side of the abdomen, below the liver; and was of a regular, rounded or somewhat flattened form, about the size of an orange; solid to the feel, and slightly tender on pressure; it was

about as movable as a loose cartilage in the knee-joint, disappearing entirely under the cartilages of the ribs when the patient reclined on her back, and falling out at once as she turned toward the left side. Some years ago Dr. J. met with a case that resembled the above in every particular, except that the general health was rather delicate; he followed it for some time, but no change ever occurred, or anything to explain its nature. One of his friends, to whom Dr. J. mentioned these two cases, had also seen one that was very similar. The patient is a lady, now about sixty-nine years of age, and subject to dyspepsia; but to no especial symptoms that can be referred to the tumour; this was first noticed in the year 1819, soon after a miscarriage at the seventh month, and it has continued to be felt from time to time since then; though for the last two years it has not been examined; it is not tender, and as to size, it may sometimes be perceived through the dress; but in regard to situation and mobility, it corresponds perfectly with the above cases.

Excision of the Elbow-joint.—Dr. H. J. BIGELOW exhibited the pieces removed, consisting of three inches of the humerus, a like length of the ulna, and the head of the radius above the biceps insertion. The joint had been diseased about eighteen months, with fistulous openings, at the bottom of which dead bone was detected by the probe. The patient had some cough, with the physical signs of induration at the apex of one lung, and some constitutional symptoms, as emaciation, &c. The operation was performed two days since, and thus far the patient is doing well.

Oct. 9.—Ligature of the Internal Iliac Artery, for a Traumatic Aneurism of the Gluteal.—Dr. H. J. BIGELOW. A middle aged Irish woman was stabbed in the right buttock by her husband, on the evening of the 4th of July last. By the evidence of the physician, who was called, a very large quantity of blood was lost. But the bleeding ceased under compression, and the woman was enabled to resume her usual occupations. Three or four weeks subsequently there appeared a numbness and weakness of the extremity of the wounded side, and soon after a small tumour was observed in the situation of the cicatrix of the wound. On her entrance into the hospital in September, there was a tumour over the upper part of the ischiatic notch, about the size of a lady's apple, with an unequivocal though not strong pulsation, and a very marked souffle. The tumour extended into the pelvis, and could be felt both per vaginam and per rectum. No doubt could be entertained of the character of the tumour. Taking into view the fact that the wound of the artery must necessarily have been directly at the ischiatic notch, rendering the possibility of discerning it there a matter of great doubt, it was decided to tie the internal iliac. During her residence at the hospital, and previous to the operation, the numbness of the right lower extremity increased, and several large bullæ like those of

pemphigus appeared on the same limb. The operation was performed Sept. 30th. The incision was made above and parallel to Poupart's ligament, the peritoneum raised from the iliac fossa; and the artery readily attained. After the application of the ligature the aneurismal symptoms ceased. The patient continued comfortable for two days; when symptoms of peritoneal inflammation commenced, and she died the eighth day after the operation. At the autopsy a considerable quantity of lymph was found in the peritoneal cavity; but adhesion had taken place in the course of the wound. The right os innominatum, which was exhibited with the parts attached, showed, 1st. The ligature around the internal iliac artery just above its division, and a satisfactory clot formed between this spot and the division of the common iliac. 2dly. The wound of the gluteal artery immediately at its emergence from the notch, and the aneurism composed of two portions, one about the size of a pigeon's egg, formed in the cellular tissue; and the other in the substance of the pyriformis muscle, which latter was the portion felt during life on the inside of the pelvis. In both, the blood was firmly coagulated. The sciatic nerve was compressed and flattened on the spine of the ischium.

Oct. 23.—Hydrophobia.—Dr. COALE read the following case occurring recently in his practice.

John Fleming, a hearty full-fed boy, seven years of age, born in England but living in this country for the last four years, was brought to me one day, by his mother, with a slight laceration on the knuckle of the little finger of the left hand. The story was, that an hour before, on his way to school, he threw a stone at a dog under a wagon and it flew out and bit him and returned to lie down again. I saw no reason to do more than give some directions about dressing the hand very simply, and was told a few days after that it was entirely healed. Three weeks after, on Saturday Sept. 30th, his mother sent him to me about 2 P.M., saying he had been out of sorts for two or three days; and had refused to drink water for twenty-four hours. I at once determined not to favour any play to the imagination which might make this a case of hydrophobia. Looking at the throat I found it swollen somewhat, about the fauces. I asked him to take a drink on pretence of washing out his throat; but he refused it crying. An active cathartic was prescribed, with directions to let me know if he was not better in the morning. I received a message next morning to call, and found him on a little settee in the corner of the room. His look was stupid, skin cool, pulse 80. Tongue as yesterday, a little furred. The powder had acted slightly. His rest had been very slight, and much disturbed. He complained of a little pain at the epigastrium; but nowhere else, though his mother said he had complained of headache also at times. I asked him to wash his mouth out so that I could see it. He took a tablespoonful of water into his hand, and as if violently resisting

and yet violently endeavouring, held it about six inches from his mouth; and then suddenly threw it violently against his teeth and swallowed it with a convulsive choking, falling back on the pillow and slightly screaming. After a moment or two he walked across the room to let me look into his mouth. I still resisted the tendency towards calling it hydrophobia, and prescribing pediluvia and aperients, left him. The next day he was better, and not knowing at that time the remitting character of the disease, I was relieved of my fears. He swallowed with ease. Walked across the room and seemed livelier. His mother, however, said he had had a troubled night; seeing phantoms; boys looking in at the window, &c. Pulse frequent; no heat of skin; no lessening of bodily strength.

Tuesday, Oct. 10th. Visited him with Dr. Oliver. Symptoms much more unfavourable. Pulse over 100. His skin not hot; eyes suffused and sleepy, or stupid looking. Involuntary shivering. Lying on his back with head thrown back. Phantasms more frequent and distressing. Could sit up without assistance. Attempts to swallow water accompanied with violent spasms, principally opisthotonic, indeed very decidedly so. Upon asking to see his tongue, it was protruded convulsively very far; the eyes being widely opened at the same time. Answered questions naturally; but with an expression of alarm. Picking his bedclothes; taking imaginary worms out of his mouth, and out of the water offered to him; and talking wildly when not spoken to. Pressure at nape caused shrieks and opisthotonos. Bowels had not been moved. Prescribed a very active cathartic; and a blister to the nape. Dr. J. Ware, who saw the patient this day, suggested chloroform. None was at hand, and it was 4 P. M. before I could visit him again. I found that at 2 he had commenced vomiting, and had vomited some three or four times. His countenance expressed great prostration. Extremities cold. Pulse not to be counted. Respiration not hurried. Spasms more frequent, and more easily excited. Much mucous râle. Two dejections involuntarily and unconsciously. Mind always wandering, though recalled for a moment. Attempted to administer chloroform. Much resistance to it. More tractable when his father administered it. At one time I thought him under the influence of it; but his expression was that of a dying child, and I directed it to be discontinued. The most urgent symptom now was debility. Coldness of nose and extremities. Pulse too rapid to count. Sweat on face. Sinking of features. Directed brandy and chloroform every half hour. Administering this caused spasms, but not as much horror of the fluid. On one occasion he remarked he had spilt more than half, and asked for some more. When not aroused he talked much at intervals, and then would lie quiet until a spasm came on. These were increasing, and commencing with a general shiver, and then affecting the muscles of the back and extensors. They were not very violent; never raised the shoulder from the bed; but consisted simply in stretching the head, neck and the arm out; and stiffening of the trunk. About half past

five I had to leave, and asked Dr. Buckminster Brown the favour to watch my patient as long as convenient. He saw him very soon after; found him lying with his eyes wide open; pupils dilated; surface heated, in a profuse sweat. Pulse feeble, fluctuating, 232 in a minute; and just afterwards 208. Every ten minutes the child was seized with a convulsive gasp, and then with a general convulsion; the head being briskly thrown or drawn to the left side and opisthotonos strongly marked. These were immediately produced, or greatly aggravated by the introduction of liquid into the mouth. He appeared to be partially sensible of what was said; would gaze on a spoon offered to him, fixing his eyes glaringly upon it as it approached his mouth, and then taking a small swallow with a convulsive gasp and struggle, was thrown into a spasm, and an expression of great suffering came over his countenance. Symptoms of depressed vitality were marked. Delirium. Dr. B. remained with him one hour and a half, say till 7. At eight I was again with him and found the same appearances; but with greater prostration of strength, and evident symptoms of approaching dissolution. Fanning him produced convulsions. At half past 9, Dr. Brown again saw him, and reports the convulsions not so violent; legs cold to knees. Brandy and water given; but at once rejected from the mouth with frothy matter. A light produced no change on the pupils, which were widely dilated. The face was bedewed with sweat at times. Left him at 11, with the symptoms of debility fast increasing. From this time until death, the spasms were slight but easily excited, and vomiting accompanied them. He died at 2 A. M., Oct. 11th.

Post-mortem examination with Dr. C. E. Ware. All organs of abdomen and chest healthy. Pericardium had a little, say $\frac{1}{2}$ oz. of fluid (clear) in it. Right auricle enormously distended with blood. Spinal column opened. Much venous engorgement; marrow removed from commencement of cauda equina to medulla oblongata; but nothing abnormal observed.

Enormous Ovarian Disease.—Dr. JACKSON had lately examined a case of this disease, remarkable for the size of the tumour. The patient was under the care of Dr. Hayward. She was unmarried, and aged 27 years; her health had been failing for a couple of years; the abdomen had been observed increasing in size within the space of ten months. The catamenia had ceased within three or four months. The only suffering was from distension. She had continued about house till within three days of her death, which was sudden. The right ovary, which was the one diseased, was found almost universally adherent, presenting myriads of cysts, the largest being two-thirds the size of a water pail; two or three the size of an adult head. The contents being more or less glutinous in all; in the largest like thick veal broth; and in some much thinner; in very many like white of egg, and in others like thick glue. The colour of the contents generally more or less red; in some dark red, in others brownish,

in very many of a pearly opalescence; and in not a few pellucid. No encephaloid or other malignant appearance. No fat or hair. The uterus externally was normal. The left ovary was two and a half times its natural size, presenting one cyst containing a glairy fluid. The liver and intestines were pushed upwards. The tumour and its contents weighed 89 pounds.

Nov. 13th. *Hydrophobia*.—Dr. Curtis of Lowell, read the following case :

Mr. W. H. B., aged 18 years, very muscular and dark complexioned, of good health and excellent habits, while engaged as an auctioneer's clerk in Lowell, was bitten on the 29th of July last by a strange dog, which had been left by an Irishman for sale. The dog was attempting to escape when young Burdwell caught him, but on receiving a bite near the right wrist relinquished his hold, and the dog, making his escape, has not been heard of since. The wound, which was about three-quarters of an inch long on the inner side, and about a quarter on the other side, was dressed by a physician with common adhesive plaster and readily healed.

Some apprehensions that the animal might have been rabid were entertained by the bitten, but he pursued his business, and felt no unpleasantness except some mental anxiety, till Saturday, Nov. 4th, when his arm was somewhat painful. On the following day he took a bath instead of going to church, and at night bathed his arm in alcohol, describing the pain as rheumatic. On Monday he attended to his usual business with some uneasiness in his wounded arm.

On Tuesday, the day of the presidential election, he went to the store in the morning, but soon left to call on Dr. Graves for advice, to whom he related the facts, together with his suspicions that the pain might have some connection with the bite. A mild cathartic and a warm bath were advised and taken. About 4 P. M. he complained that the water tasted bad; by 4½, he was unable to swallow water. The most serious apprehensions were now entertained as to the awful nature of his disease, and its horrific results. The doctor was immediately summoned. He found the patient with an anxious expression of countenance, and labouring under a sense of suffocation, induced by an attempt to drink water. Some more water was offered him in a tumbler, at Dr. Graves's request, which brought on the most violent efforts, amounting almost to strangulation. No further doubts remained of the frightful reality of the malady.

At 7½ Drs. Dalton and Green were called in consultation. Dr. Dalton says he found the patient in bed; skin cool, not dry; pulse 120, and small; no headache; tongue covered with a slimy coat; stomach nauseated; mind clear; no throbbing in temporal or carotid arteries, or heat of scalp; action of heart somewhat sharp; answered all questions deliberately; cicatrix of the wound somewhat elevated and reddish, without soreness; skin around it not inflamed; some intermittent pain in arm, extending to shoulder and neck; cathartic had operated once. The bath, he said, was grateful to him, with no unpleasant effects; thirsty; had pain nowhere else than in the arm as above. On being asked if he would drink, he said he would try; he took the tumbler of water in his hand, and brought it to within half an inch of his lips, when his head was thrown back spasmodically, and his hand forwards; on attempting it again, with much effort, he got about a teaspoonful into his mouth, which, as soon as it reached his throat, was attended with the most violent convulsive

catchings of the breath with a sort of sobbing sound, which brought into bold relief the sterno-mastoid and other muscles of the neck and throat, and soon he sunk back on his pillow, apparently much exhausted. Some milk was offered him in a tumbler, which he swallowed with visible exertion and determination; bread also he swallowed without difficulty; currents of air by fanning or otherwise, produced no apparent effect on him at this time. Chloroform was administered with its usual effects. Dr. Graves left him at midnight, without any abatement of the disease. On the morning of Wednesday, the 8th, every unpleasant symptom had increased. Convulsions were more frequent and more violent, but he seemed perfectly rational during the time between the paroxysms, and answered all questions with much composure; said he had no *pain*, but a sense of suffocation; was sensible of his situation, and of the terrible character of his disease; fully realized that inevitable death, in one of its most horrid forms, was before him; his countenance was wild and staring, without any distortion of features or swelling of face. The unfortunate patient had suffered extremely from thirst during the night. A viscid and very tenacious saliva would occasionally collect, the discharge of which required all the resolution and determination at his command, and then was attended with convulsions of the utmost vehemence. In one instance, having called for "something to spit on," I held the napkin near, but losing control of himself he spit on my hand, for which he apologized in the following interval of partial relief, showing that he was sensible, to some extent, during his convulsions. At 10 A.M. I noticed his pulse to be only 78. He was much exhausted, and almost every moment revealed changes which marked the great rapidity which characterized the progress of his disease. The sight of water, or hearing the name of any liquid mentioned, was most terrible to him; the sound of fluids in a neighbouring apartment produced also the same sad results. A current of air, or the breath of his attendants even, agitating the atmosphere near his exposed surface, would produce a like effect. He was averse to the use of chloroform, but at 11½, his hands being gently guarded by Dr. Dalton and myself, he was induced to inhale from the sponge. By calm, rational and persevering appeals to him, it was continued till perfect anæsthesia was induced at about 11½. I now found his pulse to be 86, and at ½ P. M. it was 84.

He gradually recovered from the influence of the chloroform, which was not exhibited again till 4½ o'clock.

Soon after 1 o'clock he was confined by tying a folded sheet around his body, and fastening it by strong straps to the bedstead on each side; thus he had no consciousness of being bound except in his struggles, which rapidly increased both in frequency and severity to a most frantic degree. About this time he was visited by the elder Dr. Bigelow, of Boston, in consultation with the several physicians who had been called in. The result was a confirmation of previous counsel, and a continued resolution to persist in the use of the chloroform.

At 4½, during a brief interval of his paroxysms, he extended his arms and requested us to hold him and give him the chloroform, which was done forthwith amid the most violent opposing struggles, till complete effect was produced. In the absence of a supply of the anæsthetic agent a partial revival took place, accompanied by a continuous agonizing paroxysm; but the eight assistants maintained their grasp till a new supply arrived, which was used with complete success. His pulse was now (5¼ P. M.) 160. I continued to apply the sponge at intervals of returning consciousness until 5¾, when it was suspended altogether. He had now sunk so low as to remain still. The consciousness of being hurried on towards life's terminus by so terrible a malady, with an impetuosity which admits of no check, together with the extreme nervous exhaustion induced by the disease itself, had combined to reduce the power of vitality already into a fatal quiescence. It was now 6 o'clock, the sputa had increased in quantity, and had become less slimy and far more frothy.

The patient lay quiet with stertorous breathing; laboured action of the heart; occasional strabismus, but eyes generally turned upwards and fixed, with other symptoms of cerebral congestion; countenance flushed and apparently tumescent; extremities gradually became cool, accompanied with excessive general perspiration. The discharge at the mouth also greatly increased, and became bloody. I should judge that during the three hours preceding death I wiped away f3viii or f3x, including perhaps f3j or f3jss of blood, as it escaped from his mouth. During his moribund state, it seemed to leave his lips without an effort in a small stream. He continued to sink till 7¾, when he ceased to breathe without a struggle.

Autopsy. Thursday, 2 P. M., 18 hours after death.

The body was dark and mottled; the cutaneous and subcutaneous capillaries apparently engorged with deoxygenated blood; extremities nearly black; depending surfaces also very dark; emphysema, which I noticed within two minutes after death, about the neck, had somewhat increased and extended over the thorax, and partly down the upper extremities. On my first incision blood flowed freely, and followed the scalpel; no coagula in the system. I first exposed the spinal cord; it was considerably injected and emphysematous beneath its arachnoid investment. The brain was highly injected throughout, and bubbles of air were distinctly seen in its veins. The brain was of its natural consistency, and its ventricles contained their usual amount of normal fluid. The cut surfaces of the cerebral mass exhibited numerous points of red blood oozing from its substance, which was the only red blood found anywhere.

The trachea and bronchia were highly inflamed, and their mucous linings presented a purple coloured or violet aspect. The epiglottis was very large.

As the body was to be removed in the next train of cars, the examination was necessarily terminated.

Dec. 11th. Rupture of the Femoral Artery.—Dr. S. Parkman exhibited the artery, torn at the point of its passage through the adductor magnus tendon; a cart loaded with coal had passed over the lower third of the thigh; there was no external wound or abrasion of the skin; but the sudden ecchymosis, and the cessation of pulsation below the knee rendered the nature of the accident perfectly clear. The integuments were rendered very tense by the effusion of blood through the whole thigh. The limb was amputated above the injury. Besides the artery, the gracilis, sartorius and semi tendinosus muscles were completely ruptured, and the effusion of blood very considerable. The bone was uninjured.

Jan. 7th, 1849. Malformation of the Heart.—Dr. Jackson presented the specimen, in which there was seen a free communication between the two ventricles at the upper part of the septum; the right ventricle was much thickened, as usual in these cases, the left being rather thin; the pulmonary artery, also, which appeared small externally, arose somewhat indirectly from the ventricle, and had but two valves, which differed much in size, but were otherwise normal; the aorta was enlarged, and the valves well developed; the heart, lungs and liver were crowded with blood, which was very dark and thick, but without coagula. The patient was a mulatto child, four years old; almost from birth it had been subject to dyspnœa, with lividity, and frequent paroxysms of severe distress, so that malformation had always been supposed to exist; the action of the heart was regular, and attended with a loud bellows-sound.

Disease of the Heart.—Dr. J. also presented another specimen, the case being interesting from the fact of there having never been observed any irregularity or intermission in the action of the heart, notwithstanding the existence of very great valvular disease; the mitral and the aortal valves were about equally affected, ossified, thickened, rigid, and contracted, the aortal orifice being permanently open. In the mitral valves there was a small cavity, connected with the cretaceous deposit, and apparently the result of caries, though there was no ulceration about it, this appearance having already been several times noticed here in similar cases; the right side of the heart was healthy, except for atrophy and perforation of the pulmonary valves, which is here quite common; the left ventricle was much hypertrophied, and the whole organ weighed 21 ounces. The patient was a largely developed man, 43 years of age, and a carpenter by trade; had suffered from his disease for four or five years, but had worked until the last six months. Distress in the region of the heart was the chief symptom, and for the last two months he was unable to lie down in bed.

Polypus and Inversion of the Uterus—Ligature—Excision of a Large Portion of the Uterus—Recovery.—January 7th, 1849.—Dr. W. W. MOR-

LAND read the following case, with an account of the operation, from Dr. A. L. Peirson, of Salem, Mass.

In June last (1848) a medical friend called my attention to the case of an Irish female under his care, 24 years of age, unmarried. She had been a domestic in a family, where he had first been called to her in October, 1847. She then had poor health, so that she was obliged to give up her duties as housemaid: she had uterine hemorrhage from time to time, under which she gradually lost strength. Her statement was that she had enjoyed good health until July 5th, 1847, when she had severe pain in the hypogastric region, rigors and menorrhagia, which last was attended with relief. In a fortnight from this she had recurrence of the same symptoms,—pain, rigors, hemorrhage with coagula. These attacks were repeated at intervals of two weeks, until October, 1847, after which time she was visited by the medical gentleman, at whose desire I saw her, until March, 1848. At this time she had a watery discharge most disgustingly fetid. An examination, made by her medical attendant at this time, discovered a tumour, apparently the uterus in an ulcerated state, low down in the vagina. Her health was not entirely broken up at this time,—she had some strength and appetite, so she did not give up attempts to live at service, till about the time she was first seen by me in June, 1847. She was then confined to her bed for the most of the time, very weak, and having a profuse, watery most offensive profluvium. The feet were much swollen. The prognosis given at our consultation was against her recovery. Injection of a weak solution of soda had a most happy effect in destroying the fetor and in lessening the discharge,—and by the use of tonics her health was much improved. About the middle of July her medical attendant made an examination, at which he discovered a polypus, which induced him again to call me in consultation, to attempt means for her relief, which now seemed practicable. I found the polypus filling up the lower part of the vagina, and having a pedicle rather less than an inch in diameter. It was agreed to apply a ligature to this pedicle: this was executed with considerable difficulty by means of Gooch's double canula. There was no pain of consequence upon tightening the ligature; but, after two days abdominal pain and tenderness occurred, with vomiting, requiring the removal of the ligature on the sixth day after its application. In less than a week the dangerous symptoms produced by the ligature subsided, after which it was decided to remove the polypus by excision. The operation was performed in the following manner: the tumour, by means of the forefinger introduced into the rectum, was with difficulty forced without the external organs, and the patient being *then* placed under the influence of chloroform, a pair of strong scissors, curved laterally, were introduced into the vagina, and what seemed to be the pedicle of the polypus was divided at a distance of about two inches. After the removal of the polypus, the os tincæ was felt, natural, but somewhat dilated. On examining the tumour, the polypus was found to be perfectly *sessile*—as the botanists say—and what was esteemed the *pedicle* was the

inverted uterus. The patient was kept very still in bed for a few days on a low diet, without any movement of the alimentary canal. Her pulse never rose to 100 per minute, and she had hardly a perceptible tenderness in the hypogastric region, and no constitutional disturbance whatever. In a short time she perfectly recovered, and is now at service, in robust health, doing the ordinary duties of a domestic. She has not menstruated since the operation, nor has she felt any disturbance of the system indicative of a menstruous period. Her first attack of pain and menorrhagia was probably the time when the inversion occurred.

There are many cases of successful extirpation of the womb to be found in the volumes of periodical medical literature. Mr. John Hunter applied a ligature to the inverted uterus, mistaking it for polypus. He was led into the error by founding his diagnosis upon the supposed sensibility of the uterus, and the absence of such sensibility in polypus. This is fallacious, and the expression of suffering varies according to the moral courage of the patient. Dr. Charles Johnson, in a case in which Dr. Joseph Clark, of Dublin, was consulted, did the same thing, and persevered in the use of the ligature till the fundus of the uterus came away. The woman did well, and was reported by her mother to have menstruated some months afterwards. (*Dublin Hospital Reports*, vol. iii. p. 479.) Dr. Joseph Clark applied a ligature to an inverted womb, which he and a surgeon of eminence judged to be a polypus, and after a fortnight's trial, during which the woman suffered much from pain, vomiting and watchfulness, he removed the ligature in despair of success. Some time afterwards, "when, in consequence of some extraordinary effort, a tumour shot suddenly out at the os externum," he proceeded to amputate the part. The woman recovered rapidly and perfectly. She never menstruated afterwards. (*Edinburgh Medical and Surgical Journal*, vol. ii. 1st series.) The editor has appended to this case a quotation from Voigtel, referring to many such cases. Dr. Robert Lee, in the 1st volume, 2d series of the *Medico-Chirurgical Transactions*, gives some interesting views in regard to tumours growing from the interior of the uterus. He thinks that the greater number of uterine polypi are fibrous tumours, which have been formed under the lining membrane, and a stratum of muscular tissue. To this circumstance he attributes the death of a patient in the Marylebone Infirmary in 1833, where the neck of the tumour was tied, with very little pain. Dr. Lee mentions a case of Dr. William Hunter's where death ensued, — a portion of the uterus having been included in the ligature. Dr. Denman, quoted by Dr. Lee, also passed a ligature over the inverted part of the uterus, in a young lady, which caused violent and dangerous symptoms. The patient ultimately died. From all the facts I can gather upon the subject of uterine polypi, I should be inclined to adopt Dr. Lee's rules.

1st. When any of these tumours pass through the os uteri they may be removed by the ligature or the knife. Dupuytren's great experience is that,

in two hundred removals of polypi by excision, he has met with hemorrhage only twice, and then it was entirely controlled by the tampon.

2d. That the ligature, which is demanded in those having a large and vascular root, need not be applied very near to the uterus,—as is generally directed,—but at a sufficient distance to avoid the possibility of including any portion of it. The pedicle of a polypus HAS NEVER BEEN KNOWN TO REPRODUCE THE TUMOUR.

In addition to the above remarks by Dr. Peirson, Dr. Morland said that the opinions of Dr. Lee are advocated by Churchill in his work upon the "Diseases of Females." Particular reference is here made to the fact that, most frequently, polypi of the uterus are *fibrous* in their nature. Churchill states that this tumour is sometimes united with the uterus by cellular tissue; but, much more frequently, it has originally been somewhat imbedded in the muscular fibres. In some few cases these tumours have been found hollow, either empty or containing grumous blood, or gelatinous matter and hair, or fat with hair. (Boivin and Dugés, Langstaff—*Medico-Chirurgical Transactions*, vol. xvii. p. 63.) Churchill likewise remarks as follows in regard to the excessive hemorrhage usually accompanying polypus uteri. "It is exceedingly difficult to explain, on pathological principles, the occurrence of the alarming hemorrhages which accompany polypus uteri; it is impossible to attribute their source to the vessels of the polypus, since the existence of such can seldom be ascertained; and besides, the floodings are as severe from small as from large polypi." Dr. Hamilton explains this by the increased determination of blood to the uterine vessels, in order to support the growth of the polypus. Of this fact, he adds, "there is perfect evidence, for the uterus keeps pace in increase of size with that of the tumour." He infers from this "that a very slight circumstance must produce a discharge from the uterine vessels, such is their texture." "Polypi are not common in middle age, but are equally frequent in single and married females." According to a table given by Malgaigne, quoted by Churchill, the middle age of life is that in which they most often occur. Out of 51 cases 36 occurred in women from 30 to 50 years of age. Polypus, with inversion of the uterus, has been often recorded. "Denman, Heaviside, and Hamilton, of Glasgow," says Churchill, "relate such cases, and I was permitted, through the kindness of Mr. Lynch, to examine one under his care at the Jervis-Street Hospital. The uterus is first distended by the *bulk* of the polypus, and then inverted by its *weight*, and the forcing downward, in the efforts of the uterus to expel its contents." Removal of the polypus is decidedly advised by all authors so soon as it is practicable. The *modus operandi*, and the instruments employed, vary with different operators. Ligature seems to have the preference. Many substances have been employed for this purpose, waxed silk, silver wire, catgut, silk wrapped around with fine wire, whip-cord. The latter is recommended by Mr. D. H. Walne, who having observed, that when moistened, it increases in thickness, remarks that it will instead of becoming

looser around the pedicle, *tighten* itself considerably. (Churchill, *Op. cit.*) Dr. Blundell recommends Hunter's polypus needle in applying the ligature. Levret's double canula, of which instrument that of Dr. Gooch is a modification, is most often used. Patients nearly always recover well after the removal of polypi; Hamilton reports the death of three patients after it. Dr. Blundell speaks of a case where excision was practiced immediately after the ligature was tied; the polypus was complicated with inversion; (as in the case forming the subject of this paper,) the patient died from loss of blood by oozing from the surface of the portion of the uterus excised. In the case above given by Dr. Peirson, the ligature having been on for six days, doubtless prevented any bleeding when excision was finally practiced by its constriction of the vessels, and their obstruction, for some distance, by coagula. Dr. Blundell advises the application of the ligature in cases of polypus complicated with *inversio uteri*, in such a manner "as to take away both the polypus and the uterus together at once." (*Principles and Practice of Obstetric Medicine, etc.* London, 1840, p. 803.)

Dewees relates a case where there was apparent reproduction of the tumour, and he says, "Of this repullulation, if it were such, I have never seen any other instance, so early after the operation." He supposes it might be owing to a great thickness of the stem (the ligature was on for nine days before the tumour first detected came away), to its slow decay, to a cancerous disposition of the uterus, or to a large portion of the polypus remaining in the uterus, besides what was discoverable in the vagina. (*Dewees on Diseases of Females.*) The latter seems the more probable explanation, as authors state the fact, worthy of notice, that the stem of a polypus, "instead of being prolonged into fresh polypus, invariably sloughs away." (Churchill, *Op. cit.* Blundell, *ditto.*)

The parts removed in the present case show the polypus, which is nearly circular, flattened anteriorly, and attached *almost directly* to the fundus uteri, so that it cannot be said to have any *pedicle*, although the impression left by the ligature is distinctly visible around its *origin*. It is, as the operator remarks, "*sessile*,"—about two inches of the uterus are removed,—both the Fallopian tubes are seen,—and, upon the *now* external surface (which is, of course, properly, the internal), one of the orifices of these tubes is very distinctly visible. The external surface of the tumour is somewhat roughened—probably from the effect of ulceration. The specimen is deposited in the Cabinet of the Society.

Enormous Encephaloid Tumour in a child only five years of age. Dr. GOULD.—The subject of this disease received a blow in the abdomen about five months before death, and was first seen about three months after. The abdomen was enormously swollen, but the child was bright and active. There were no peculiar symptoms, but the child gradually sunk and died. On dissection, a mass of disease was found, about as large as the child's head, con-

sisting of a very soft white encephaloid substance, with some effused blood, and a considerable quantity of a glairy fluid, that soon formed a soft tremulous coagulum after removal from the body, as does the serum in some forms of dropsy. The deposit was in the cellular tissue behind the peritoneum, at the upper part of the abdomen, and tending down the left side, and inferiorly across to the cœcum. The colon was pretty closely connected with the mass, and the pancreas was raised by it and brought forward conspicuously into the front part of the abdomen. The left kidney was extensively involved in the disease, and its vein contained a large mass of soft encephaloid substance. The other organs of the abdomen were healthy, as was also the peritoneum. In each of the lungs were several encephaloid masses, from four to eight lines in diameter, and in the left pleural cavity some serous effusion.

January 22. Cases of Etherization in Childbirth.—Dr. Channing read a paper, as follows.

These cases are communicated to the Society as affording additional evidence to that contained in a volume recently published in this city, of the safety and usefulness of etherization in childbirth. One case only of convulsions is given. Others of great interest, in which etherization was signally useful, will be communicated at another meeting. In this and other ways I shall endeavour to keep before the public and the profession, such facts as fall under my notice, or which are communicated to me, which may serve to illustrate a subject of the deepest and widest interest.

Natural Labour.—Mrs. —, aged 25. Second labour. Health perfect. I have rarely if ever met with the appearance or the fact of such entire absence of disease, and of the absolute want of anything having its likeness. The whole pregnancy was marked by freedom from annoyance, discomfort, or trouble of any kind. The natural, habitual buoyancy, fulness of spirit, enjoyment of everything, prevailed through the whole period of the nine months, which so frequently are passed in more or less discomfort, and so often by more or less positive disease.

Her first labour, two and a half years ago, was immediately preceded by convulsions. The disease had its severest characters, and when it had continued unabated for many hours under very judicious treatment, I was desired to see the case in consultation, with a view to terminate it with instruments. This was done. But the convulsions continued. After a time they ceased, but consciousness did not return. The patient remained for a week in a most critical situation, passing much of the time in groans and screams as if in great agony. Convalescence at length began, and her ordinarily excellent health was gradually restored.

The present labour began Oct. 15th, P. M. I was called to see her about 3, A. M. of the 16th. She was in active, natural labour, the presentation good, and progress satisfactory. She soon demanded ether, which she had

before determined to use. The vapour was inhaled from a hollow sponge in the usual manner, and was followed by its happiest effects.

The child, a boy weighing nine pounds, was born during almost perfect unconsciousness, and without the least untoward results. The bowels were perfectly regular, and, without any medicine whatever, lactation was most kindly established, natural appetite for food continued undisturbed, sleep was tranquil, and after-pains kindly referred to.

I present this case to the Society because of the evidence it affords of the entire safety and advantage of etherization in labour, and in the puerperal state. I do so because we are often asked if it be proposed to employ it in common natural labour, why not do so? Why not prevent great suffering, it may be, and make convalescence more rapid and more sure, than to take the chances of protracted suffering, and of slow recovery. This is not a solitary case of the employment of etherization in the most natural labours. It is enough, however, to furnish this additional evidence of its safety in such cases to the large amount of the like contained in the treatise above referred to, and which a wider later experience abundantly confirms.

Natural Labour.—Age 34. 9th labour. Jan. 16, 1849. Labour begun at about 3 A. M. I was called about 6 A. M. Contractions strong. Os uteri dilatable. Head presenting. Membranes not at all separated from scalp by water. Posterior fontanelle to right acetabulum. At 9, os uteri had disappeared. Liquor amnii discharged. External organs moderately dilatable. No *show*. The only moisture was produced by the slight trickling of liquor amnii over the organs. At 9 she inhaled ether vapour. Its good agency was soon seen. Pain was so much diminished as scarcely to be complained of. Pressure to the back was no longer clamoured for. An abundant *show* appeared. It was of dense and *coloured* mucus. I underscore the word *coloured*, as I well remember Dr. John Clarke's remark on this occurrence. He ascribes it to the rapidity and fulness of secretion,—to the rapid dilatation of organs,—and especially looks to it as the best evidence of the most favourable pregnancy case. In this instance the increased dilatability was most observable in the vagina and external organs. Labour advanced rapidly and kindly. The posterior fontanelle was forced towards the symphysis. The sagittal suture in the direction so well described by Neagle. The child was born in about an hour and a half from beginning etherization. A male, weighing 11 pounds and 12 ounces, in perfect health. The placenta soon followed, and without hemorrhage.

17th. Perfectly comfortable. No after-pains, which, in other labours, had been remarkable for their severity. Urine natural. Bowels regular without medicine. Child at breast.

This case is presented to the Society because of the occurrence of full secretion, *show*, and of the free dilatability which occurred along with etherization in textures which before had undergone very slight change. It is farther

offered because it has been gravely questioned if such changes do occur from etherization, or during that state, and if they do, whether they should be referred to that. The coincidences have been too numerous to leave this any longer a question.

Convulsions.—Age twenty-two. First labour, December 17th. A fortnight ago having been looking for labour some weeks, was seized with convulsions. Her physician reached her about an hour after the attack. She was then in a comatose state,—her breathing stertorous—pulse very rapid, and small—blood coming from nose and mouth—skin generally pale. While the examination was proceeding, another fit occurred. As soon as it could be done the patient was raised up in bed, and supported in that position. A vein opened, and thirty-two ounces, two pints, of blood taken. This was followed by perfect calm, and there was no fit afterwards. The patient soon rallied, so that in three or four days she was abroad, and walked from her house to South Boston, a quarter of a mile or more. In other words, she was quite well.

A week after her recovery her physician called to see her again. He found her complaining of most severe headache; referred to top and front of head, and almost immediately she said, "I can't see you—what is the matter?" He bound up her arm at once, and bled her again to full two pints. There was no convulsion.

On the 17th, Sunday, between eight and nine, A. M., he was called, as the membranes had broken, and the liquor amnii had freely escaped. He reached the address soon after, and in time to witness the faint fit which ushered in the labour. This was very severe; so that notwithstanding the former bleedings, and the pale skin, and very small and weak pulse, he thought it safer to bleed again, especially as such good effects had followed the former bleedings. He now took a pint. Examination showed labour was present. Convulsions continued to recur about once an hour through the day, the labour slowly advancing. At length, in the evening, progress had nearly or quite ceased; and the convulsions continuing, he desired me to meet him in consultation.

I found the patient exceedingly restless—very pale, lips as well as face—skin cool, almost cold—pulse very small and feeble, about 140 in the minute. During pain, restlessness especially great. In intervals she lay most of time in heavy sleep. Examined and found head low; at the bony outlet partly covered with os uteri—os being partially dilatable, being very firm where dilatability ceased. Much dryness, there being no proper show, the moisture mainly depending on liquor amnii, which slowly was passed away. I was told that the urine had been passed in the forenoon.

The question of chloroform arose. The physician in attendance had used it in other labours, but never for convulsions. I stated my observation of its effects—that I had within a year or two employed etherization in ten cases, and that six of the patients had done well; and that in the present case it

seemed especially deserving of trial, seeing that bleeding had been thoroughly tried, and that the convulsions continue to recur, and without any promise of spontaneous abatement. It was agreed to employ chloroform; and as the time of an expected fit had nearly arrived, it was determined to use it at once. Some progress had apparently been made within an hour or two; but her whole state showed that she could not probably survive if her present state was not soon replaced by delivery.

A handkerchief was wetted with about half a drachm of chloroform, and applied to her nose and mouth. She very soon inhaled regularly and thoroughly. A pain came on. It was strong, and of fair length. She did not move in the least, but you felt by her respiration—her obviously involuntary bearing down that the pain was efficient. The physician said that this was the case—that the head was pressing down, and the os uteri disappearing. A good interval occurred, and immediately, as pain returned, inhalation was again practiced. Progress was now reported as rapid. Another interval, and another pain of the character first described. I now examined, and found the labia well opened—the head just within them—the os uteri gone, and a sufficient mucous show. I called the attention of the physician to these points. He was a competent witness, and for hours had been in faithful attendance on the patient. He agreed entirely with me as to the facts now stated. In a few more pains the child was born. The cord was twined firmly round its neck. There was no pulse in it. The child was soon relieved of the presence of the cord, and was then easily born. There was no respiration—no movement of the heart, and the whole appearance was of death, which probably occurred some time before its birth. The womb contracted well. The placenta was expelled. I asked if there were any hemorrhage, and found there was none. The hand of the physician which was employed in receiving the after-birth, was not even soiled with blood. A binder was applied. The course settled as to what should be done in the night, especially if convulsions recurred, and I left the patient perfectly comfortable in about an hour and a half after reaching the address.

18th, 9 A. M. I found the patient very comfortable—pulse 100, of good strength; skin warm—in sound sleep. I learned that in about an hour after my leaving the patient she was seized with a convulsion. Chloroform was at once used, and the fit was not as long nor as severe as had been others—that there had been frequent threatenings of fits, by a convulsive twitching, or *drawing* of the head to one side, with rapid motion of the eyelids—the precursor of former convulsions. As soon as these signs manifested themselves, chloroform was inhaled, and not another fit occurred. No urine. Catheter.

19th, 9 A. M.—Patient very comfortable. Wide awake; colour of cheeks good; pulse 96; warmth sufficient. Asked how she felt; "First rate," was the quiet answer. One dejection yesterday without medicine. Physician reported that he had for a time utterly failed to introduce the catheter. The violence of the patient made it impossible for him to do it. He placed her

under the fullest power of chloroform. Perfect etherization was established, and the catheter introduced with entire ease. About a quart of urine was drawn off, and showed to me. It had no appearance of urine, but rather resembled turbid black tea into which much milk had been poured. It having been drawn into a large white bowl, the resemblance was the more noticeable. It was entirely without smell, and in this respect it corresponded exactly with urine drawn during a case of convulsions of great interest, which I saw some months since with Dr. Wyman, of Cambridge. The colour of the urine in Dr. W.'s case was darker than in the above, but the liquid had likeness to urine. A test tube was filled with it, and boiled; coagulation occurred at once, and of a heavy dense character. Another portion was tested with nitric acid. It was at once, and almost the whole of it, firmly coagulated. I have not met with any instance in any disease in which the urine has been so remarkably coagulated as in this.

This case furnishes strong corroborative testimony in support of the observations made on the urine in puerperal convulsions, by Professor Simpson, of Edinburgh.

I am indebted to my friend, Dr. Bacon, one of our best analytic chemists, for the following note of some experiments made by him on some of the urine above referred to.

Boston, January 13th, 1849.

DEAR SIR:—I have made a partial analysis of the specimen of urine which you desired me to examine, but regret to find that it is so far decomposed that no reliable conclusion can be drawn as to its character when recent. I was able, however, to ascertain that there is no deficiency of urea, the analysis yielding 1.15 per cent., an amount but little below the average. It is probable that a part of the urea originally present has been destroyed by decomposition.

A considerable quantity of uric acid occurs in combination with ammonia. The white sediment, which when diffused through the urine gives it a milky and turbid appearance, is principally urate of ammonia. The most remarkable peculiarity of the specimen is the large amount of albumen which it contains.

Yours truly,

JOHN BACON, JR.

WALTER CHANNING, M.D.

Inverted Womb.—Age 22. 1st child. Labour took place evening of January 1st, 1849, and was completed between 8 and 9 A. M. This person is small, of feeble aspect, pale, but was very easily delivered of a large living child, a female. The pelvis was large, and well formed. The placenta soon followed the child, very moderate traction being used by the cord. The physician was struck by the mass, and by the suffering which attended and followed its expulsion. Upon examination he found the womb was inverted, the placenta being still attached to it. He used chloroform to facilitate the reduction of the womb, having first removed from it the placenta. The womb

was readily carried into the vagina, and there resisted further attempts to return it to its natural situation. There was much hemorrhage.

I was desired to see this patient, and learned these facts in the case. Her attendant removed his hand from the vagina, and requested me to make an examination. I found a large and solid conical tumour, at the upper part of the vagina, extending some distance above the brim of the pelvis, and surrounded by a sac, which it nearly filled, allowing the hand to pass between them, the upper termination of which the ends of the fingers did not reach, and the lower edge of which was not so distinctly separated from the vagina as to make it perfectly clear where this last ended. The vagina was filled with coagula, and blood was freely oozing from the surface of the tumour. Having the tumour encircled by my hand as far as its size permitted, I directed chloroform to be given to diminish or suspend sensibility when pressure should be made upon the mass. It was strongly demanded by the patient. When etherization was produced, and it was very satisfactorily done, the tumour was firmly compressed. If any doubt had existed of the diagnosis, it was soon entirely removed by the gradual but certain diminution in the bulk of the mass, and by its slow return within that which contained it. It ascended gradually, until by a sudden bound it escaped from the hand. Contraction took place very soon. First in the upper part of the womb, and then in the lower part, the neck and mouth,—the latter closing accurately upon the fingers as they were withdrawn, or were protruded into the vagina by it. A considerable portion of the membranes which were left attached to the womb after the placenta had been pulled off were partly expelled into the vagina, and partly remained in the womb. They were now carefully, and apparently wholly removed. Hemorrhage at once ceased. The womb was full in its usual place immediately after delivery. The patient seemed to suffer nothing from the operation.

4th. Report favourable.

10th. Recovery perfect.

This is the second case only which I have met with of recent *inversio uteri*. I have seen one only of the chronic form of this gravest of uterine displacements. The first case was not seen by me till two or three hours after its occurrence. I was called because of the extreme distress and death-like sinking, and hemorrhage which occurred, or increased after the supposed entire reduction of the displaced organ. I found the patient in apparently extreme danger. The symptoms were great restlessness, extreme distress, pale and cold skin, and scarcely perceptible pulse. I examined the abdomen, and found it presenting a hollow, rather than a fulness, in the place of the contracted womb, as ordinarily exists after delivery. A firm ring was felt extending from ilium to ilium, and permitting the hand to pass downwards as into the cavity of the pelvis, or a large empty bowl. Slight pressure on this ring, or rounded edge, produced severe pain. I said to the medical attendant that the womb was still inverted. He said it was impossible that this should

be the case, as he had reduced it, but consented that I should examine the case. This the patient resisted. She said she had already suffered terribly and would not submit to be tortured any more. She was told of her danger, and assurances given that as little suffering as possible should be produced. At length she consented. I found, as I knew before was the case, that the womb was inverted,—passed the hand at once into the vagina, and with the backs of the fingers pressing upon the presenting fundus, steadily carried it into its place. Contraction at once occurred,—the hand was slowly expelled, and the woman at once expressed how great was her relief.

In comparing these two cases I cannot but notice the striking differences which characterize them. How painful was this last in its whole history! In the first case there was no suffering at all. There was the slightest degree only of constitutional disturbance, and local symptoms hardly existed. There was neither organic nor voluntary resistance to reduction, and from first to last the operation was progressive and satisfactory. It is a new application of etherization, and corresponds with the happiest,—the most successful.

Placenta Previa.—About 30. Fourth pregnancy. 8th month. Jan. 13, 1849, was desired to see her in consultation. Found that she had been flowing at times for three months. Last three weeks great loss. Labour occurred in night preceding my visit. I found her very pale,—perfectly blanched,—no pulse,—respiration sighing,—no uterine contractions. Her medical attendant was absent. Stimulants were given and the pulse returned, very feeble. Examined,—dilatation of external organs, and os uteri good. No hemorrhage. Coagula black, shreddy, firm. It was my purpose to have turned before such reaction had occurred as would or might be attended with hemorrhage, as it seemed pretty clear that further loss would be fatal. Circumstances prevented my doing an operation which I could not control. I left,—came back in an hour,—found the physician in attendance, and it was agreed that turning should be done.

The hand passed easily into the vagina, and etherization by chloroform was established. Os uteri was now passed. The placenta was found to be extensively separated, and remaining adhesions were separated. The hand now was passed between the womb and membranes, till a knee was felt within the latter. They were broken, and the liquor amnii scarcely at all escaping, the limb was readily grasped, and slowly but easily brought down. Delivery was accomplished without the patient being at all conscious of the event. The placenta followed. *There was no further hemorrhage.* A swathe was applied, and the woman left after an hour perfectly comfortable. The ease of the operation has been spoken of. This was wholly owing to etherization. There was not the least resistance to the operation. The patient was in perfect sleep. No excessive action of the womb occurred. How important are these facts in this history. How deeply should they be considered by the enemies of etherization. This woman must have died under any farther

hemorrhage. What more likely to produce this than struggles to escape from the pains of turning? Her strength was almost exhausted. What surer to take away that little which remained than resistance and struggle? What more perfect than the operation, both in itself, the quiet during which it was done, and in its results?

14th. Fair reaction.

15th. Doing well. Milk in breasts. Pulse of sufficient strength. Not the least abdominal tenderness. Renal excretion natural. Good colour in lips. Sleep disturbed by moral excitement, and by visitors. On the whole very comfortable.

April 9th. Cerebro-spinal Meningitis.—Dr. JOSEPH SARGENT, of Worcester, read the following cases of this disease, epidemic in the town of Sutton.

The following are memoranda of an epidemic of cerebro-spinal meningitis in the towns of Millbury and Sutton, in March last. They are collected mostly from medical gentlemen in whose practice the disease occurred. They do not reach the accuracy of recorded bedside observations, but were related only memoriter. They come nearer the truth, however, for being observations of a disease that is rare, and which attracted a good deal of attention and remark.

CASE I.—E. L., aged 55, was a scythe-maker in Millbury, and occasionally an auctioneer: a large, healthy man of temperate habits, and in good flesh. The invasion of the disease was on Saturday, the 26th of March, and not after any unusual work or disturbance.

March 25th. He had worked at his trade all day, and served in the evening as an auctioneer. He had slept well that night; and the morning of the 26th, after taking a light breakfast, as usual, at 7 A. M., had gone to his work, from which he returned at 8 o'clock, complaining of "aching of the bones." He was up and down during the forenoon, talking as usual, and without any dulness, though with some headache. Took a cup of tea for his dinner. In the afternoon his headache became so severe, that he called for an application of spirits of camphor. Took a cup of tea with his family at evening, and had a comfortable, quiet night: not talking, groaning, or snoring in his sleep. Had had no nausea, and the bowels were open. Sunday morning, the 27th, he rose at 7 o'clock, complaining of very severe headache. Ate no breakfast; had a chill soon after he was up; and, now, the headache became so severe, that he said he had never known what headache was before. Dr. Corlew, of Millbury, was called in at 10½ A. M. He reports that he found him lying quietly on his left side in bed, with the knees bent, and respiration not labored nor hurried. His pulse was 85, apparently full, but easily compressed. Skin universally flushed, hot, dry; greatest heat about head. Pupils equal, moderately dilated, not contracting to light. The patient seemed to be only partially conscious. Being asked to put out his tongue, would protrude it and not retract. Being asked if his head ached, said "a little;" did not seem to be conscious of any great pain; mistook morning for evening, and repeated the mistake when corrected. His tongue was dry, glossy, very red. Dr. Corlew advised frictions with strong mustard water; sinapisms to calves of legs; cold to head; and pills containing blue pill gr. x; comp. extract of colocynth, gr. xv; rhubarb. gr. xv.

Dr. Corlew saw him again at 1 P. M. The purgative had moved the bowels twice, smartly, producing dark fluid evacuations. His skin was now universally pale and cold, especially on extremities. He was lying on his back, quietly, with the limbs extended, the eyes closed, the pupils contracted, obedient to the light; seemingly entirely insensible to what was going on around him. He talked incoherently: blowing the bellows, fishing, &c. His pulse was 100, and very small. Dr. Corlew advised: continuance of mustard applications; blister to lumbar region; frictions over spine with quadruple ammonia; Dover's powder, gr. ii; calomel gr. i, every hour.

Dr. Corlew saw him again at 5 P. M. He had now spoken none for two hours, and had kept his mouth nearly closed, so that his medicine had been forced. He was in great and almost constant jactitation, so that two strong men could scarcely keep him on the bed; no rigidity. The frictions had produced but very slight irritation.

I saw the patient with Dr. Corlew at 5½ to 6 P. M. I found him pale, cold, in great jactitation, without rigidity; mouth very slightly open, tongue palish, glossy; jaws not admitting of easy separation; groaning and moaning, taking notice of nothing, using no words. Pulse 100 to 108, counted with difficulty on account of the jactitation. Pupils of about natural size, examined with difficulty; no injection of conjunctivæ or of other visible tissues of eyes. Advised continuance of treatment.

Patient remained much in this condition till the morning of *Tuesday, the 29th* of March at 2 o'clock, when he died—66 hours after the probable invasion of the disease. On Monday, considerable irritation had been produced over the spine by caustic potass.

Post-mortem examination, 30 hours after death. The body was mottled by large ecchymoses. Two to three inches of adipose substance over abdomen, and nearly as much over thorax. Viscera of thorax and abdomen examined carefully, present no abnormal appearance. Lungs, healthy and crepitating; valves of heart normal; spleen, small; liver, of usual size and appearance; kidneys, do. All the abdominal organs inlaid in adipose substance; no elevation of Peyer's patches.

Upon opening the *cranium*, there was no unusual adhesion of the dura mater, which presented its ordinary appearance, and preserved its polish on the arachnoid side. Under the *cerebral arachnoid*, over the upper surface of both hemispheres, was seen a whitish deposit, as of purulent matter. On attempting to remove the arachnoid, the pia mater came with it, the two cohering so closely as not to admit of separation; and the purulent deposit was between them. On both sides of the cerebellum there was a considerable intermeningeal deposit of pus and lymph, also. The membranes having been detached from the *cerebrum*, it had not its usual whiteness and polish, but was dull and punctated, like the inside of a strawberry, and on being scraped was found to be somewhat softened. The cut surface presented an unusual number of red points. The *cerebellum* seemed healthy; no unusual fluid in ventricles. No pus seen along *medulla oblongata*.

The *spinal marrow* being exposed from the front, at commencement of dorsal vertebræ, a considerable deposit of pus and lymph was found without softening of marrow. At middle of dorsal vertebræ there was another similar deposit, with softening of the marrow.

This examination was conducted hastily, in the time between the passing of two trains of cars; but the account is reliable in so far as it goes; I present the case first, although it was not first in order of time, because I saw it in life, and have the history accurately, and assisted, also, at the post-mortem examination.

CASE II.—A. G., aged 47, single, and a healthy man, a farmer and teamster, complained a little of "aching of the bones" on Saturday, *March 3d*. This was much increased on Sunday *the 4th*, but he slept well Sunday night. He woke early Monday morning, *the 5th*, complaining severely of headache, backache, and aching all over. At 8 o'clock, Dr. Corlew found him lying on his left side, with his head near the edge of the bed, his arms over the side of the bed, his legs flexed, his pupils much dilated, knowing nothing, with entire loss of muscular action, so that his hand raised would drop. His pulse was 80, small and easily compressed. Head not very hot; general heat, natural. Respiration not laboured. He was lying like a man in quiet sleep, and could not be roused. Dr. Corlew advised sinapisms to the epigastrium, back, and legs, and an emetic of ipecac. and calomel. The patient resisted, in a dogged

manner, all medical or other interference. He was restless, tossing about, saying, "oh dear!" getting up, walking across the floor, putting his hands on to his back, revolving his body in a rigid way, sitting down like a man with a stiff neck. While he was in this state, I was called to him; but before I reached Millbury (namely, before noon), his condition was considered as being improved (this being the first case of the disease in its epidemic form), and I was not desired to examine or prescribe for him, but was called away by Dr. Corlew to advise for a child in similar state, whose case, also, I shall here report.

The appearance of the man, thus far, had been such as to cause his neighbours to explain it by calling it a manifestation of "ugliness" rather than of disease—such was his restlessness and apparent spirit of rebellion. His emetico-cathartic having done its work, Dr. Corlew placed him, the next morning, upon Dover's powder and calomel, and the third day upon opium and camphor, of each one grain every three hours. This course seemed to afford some relief to his aching, but he was constantly in a half conscious state, answering questions accurately for a moment, and then talking to himself, driving his team, walking about and saying "oh dear, how I ache—how my back aches," till about the tenth day, when he sank into a typhoid state, with rigidity and opisthotonos. He lay on his back, constantly slipping down in bed. He answered questions irrelevantly. He had subsultus tendinum, and picked at the bed-clothes, and passed his urine in bed. He had a red dry stripe down the middle of the tongue. I saw him on the twelfth day of his disease, when all these symptoms were manifest. Some days before, if an attendant stepped towards him quickly, or thrust his hand towards him, he would retract, as if to dodge. He died on the thirteenth day of his disease—March 16.

A *post-mortem examination* was made on the morning of the day following.

The body was large; limbs rigid. On opening the head, the veins of the *meninges* were found to be turgid with dark blood. There was no unusual serous fluid below the arachnoid, but here and there, between the convolutions of the cerebrum, there was a whitish deposit, which, on the removal of the membranes, was found to be between the pia mater and the arachnoid, dipping down between the convolutions, and being of the consistence of lymph.

The membranes were easily detached from the cerebrum, leaving its surface white, polished, and of the ordinary firmness. It is rare to see the cerebral substance harder; and the consistence was uniform; and the cut surface presented no unusual red points. The right lateral ventricle was distended with a serous fluid, containing flocculi of lymph and pus. The *choroid plexus* was red, like the comb of a cock. On removing the right hemisphere of the cerebrum from the skull, the anterior lobe presented an intermeningeal deposit of pus and lymph, of an inch in irregular diameter immediately over the orbit. The sella turcica was covered in like manner, and the optic nerves enveloped—the nerves themselves preserving their ordinary consistence. The right hemisphere having been removed, the deposit of pus and lymph dipping down between the convolutions on the other side, *in situ*, was quite remarkable. Neither tubercles, granulations, nor ramollissement, were found anywhere. At the base of the *cerebellum* and about the *medulla oblongata*, there was a good deal of lymph, with abundant pus, also; and this could be seen along down the *spinal marrow* as far as the eye could penetrate, all being bathed in pus. The *spinal marrow* was then exposed in front from upper dorsal vertebra to sacrum, and everywhere there was abundant pus between the pia mater and the arachnoid, especially on the posterior part, so that it could be spooned out.

The spinal marrow itself and the nerves were quite firm. The right sciatic nerve, exposed by an incision through the gluteal region, presented nothing abnormal.

The lower lobe of the *right lung* was in a state of red hepatization—florid, solid, heavy, friable, containing no air. Lungs, otherwise, entirely healthy. Some subsidence posteriorly.

Spleen small; pancreas, and kidneys, and liver, presented nothing unusual; intestines, examined throughout their whole track, presented nothing abnormal; no development of Peyer's patches; the bladder was distended with urine.

CASE III.—The only other post-mortem examination was made by Dr. Henry Sargent. The case was of a child in Sutton, aged five years, which died eight hours after the apparent invasion of the disease. There was nothing abnormal found in the examination, excepting a turgid state of the meningeal vessels, and a pulpy condition of the spinal marrow. The body was covered with purple petechiæ, a line or so in diameter, and not raised. The same were found on the peritoneal face of the stomach, and were confined to the peritoneum. I regret that I have no detail of the symptoms in this case. This little child's grandmother died in the same house the day following, of similar disease. No post-mortem examination was allowed.

CASE IV.—C. L——, aged 3½ years, complained, Saturday afternoon, March 3d, of severe pain in the head, and vomited. The vomiting continued at intervals till the next afternoon. Dr. Corlew found the child, Sunday morning, at 10½ o'clock, in the following state, viz.: quiet, stupid; head and body hot; respiration natural; pulse quick; pupils dilated, not obeying the light. The tongue was red. At 1 P. M. the stupor had passed away, and there was partial consciousness, jactitation, contraction of pupils, rigidity of neck. I saw her on Monday—when there was jactitation, contraction of pupils, rigidity of neck, uncertain vision—the little patient putting her hand forward for my purse, which I held out for her, but missing it. She died on Wednesday, about ninety-six hours from the attack; no autopsy; no tubercular disease in family.

The foregoing cases represent the epidemic, of which there have been sixteen cases within the circuit of four miles of a country not very thickly settled, and no recovery that can yet be relied on. There has been a striking similarity of symptoms in all the patients. Death occurred in one instance in six hours from the attack. The patient who lived longest is the one whose autopsy is reported—the death having occurred on the thirteenth day. Most have died within four days, and three within twenty-five hours.

In Millbury all have been males but one; in Sutton three were females. (Dr. Corlew is not sure that there were not more than three.) In Millbury the disease has been, for the most part, within a few rods from the Blackstone River; and, in one instance, there were two cases in one house. In Sutton the cases have been in various parts of the town, high and low.

Dr. Paine of Oxford, whose practice reaches also into Sutton, reports to me the following cases:—

G. W——, aged sixteen, was not well, March 9th, though at school. He

complained after school of pain in his head and was chilly, and had not much sleep in the night. The morning following there was pain in the head and limbs, and soreness of the flesh. In the afternoon Dr. Paine found him pale, cold, senseless, with dilated pupils (unequally dilated), moaning, and in a good deal of jactitation. He used no words. The Doctor gave ipecac., applied mustard largely, and ordered $\frac{1}{2}$ gr. calomel every hour. The next morning he had aroused a little, so that he knew the Doctor, and was for the most part rational, and had some warmth of the extremities. This continued during the day. At night he was hot, restless, sleepless, delirious, and so for the following day and night; after which his delirium gradually wore away. He had *opisthotonos* on the 14th, and double vision after restoration of reason; also considerable pain in the back. This young man is still (March 30th) under Dr. Paine's treatment—the same having consisted mostly in calomel and counter-irritation. [This case is not counted among the sixteen reported to me, in a manner, by Dr. Corlew.]

Dr. Paine reports another case, of a woman, aged thirty to forty, attacked on a Sunday and dying the next Friday, having never got out of the cold stage, nor reached consciousness. She took a good deal of powerful cathartic medicine, and was blistered over the spine of the neck and back. Dr. Paine saw her daily, in consultation. Her symptoms were like those of the last patient.

Another patient of Dr. Paine's, a hard-working, energetic, not very strong, woman, of sixty to seventy years of age, slender, of more than middling height, was taken, Sunday, March 20th, with pain in head, vertigo, pain in limbs, and soreness and chilliness. The pain in head continued till her death, Thursday night, the 24th. There was no delirium till the morning of the 23d, and then it was only occasional. There was strong *opisthotonos*, no dilatation of pupils, no noise in head, no paralysis, very little sleep, a great deal of jactitation. The bowels were easily moved by cathartics. The Doctor gave calomel, four or five grs., with a little ipecac., once in six hours or so, and made use of extensive counter-irritation. The treatment seemed to have no effect upon the disease.

Another patient of Dr. Paine's, a boy of four years of age, went to bed well, and waked in night delirious, and much frightened. Dr. Paine found him, the next morning, in bed, on his back, pale, cold, and with dilated pupils. The neck, chest, and abdomen, were covered with irregularly rounded purple petechiæ, of about a line in diameter, not raised and not disappearing on pressure. The intervening skin was the whitest Dr. Paine ever saw; and the veins on the abdomen and chest were dark purple, distended, and distinct even in their minutest ramifications, presenting a dark net-work in beautiful contrast with the perfect whiteness of the skin. The pulse could scarcely be felt. Convulsions soon came on, and the boy died within three hours from the time of Dr. Paine's first seeing him. The petechiæ covered the extremities also before death, but did not appear on the face.

Three days after, Dr. Paine was called to the mother of this child, complaining of her head and back and limbs, and of chilliness, and presenting the same petechiæ. After active purgative and counter-irritant treatment she was about work on the second day.

Three days after this, Dr. P. was called to another of her children, aged two years, in convulsions, and presenting the same eruption. This child is still sick (March 30th), and has had *opisthotonos* and dilatation of the pupils, and, at first, some loss of consciousness.

I have introduced these latter cases of Dr. Paine's to suggest a comparison between this disease and the "Spotted Fever," so called, as described by Dr.

Hale, Dr. H. B. C. Green, and others, and especially in the American edition of *Copland's Medical Dictionary*, as published by the Massachusetts Medical Society, under the article "Fever." This is the description of a disease with strongly marked cerebral symptoms; and the only autopsy I find recorded, (viz., that of Dr. Bowen's patient,) is an autopsy of cerebral meningitis, while the general account of post-mortuary appearances, in other cases, speaks of meningeal vessels turgid with blood, of adhesions between the two hemispheres, of bloody points on the cut surface of the cerebrum, and of distension of the lateral ventricles. My attention was first called to this, by remarks of Dr. John Green, a physician who was in large practice in Worcester and vicinity, during the prevalence of the epidemic of "spotted fever," in Worcester County, (1810 to 1814,) and who stated the analogy of symptoms before any autopsy had been made. The "spots" play but a very subordinate part in all the histories of the epidemic of thirty years ago, that I have seen, and were by no means constant. They gave the name to the epidemic only because its lesion was not known, and the name was picturesque. The name also made, perhaps, a part of its terror, and designated a kind of personification. So natural is the superstition which takes fright at severe disease which is "unknown;" and which also loses half its horror of the same disease, when the knife of the anatomist has fixed its locality, even though this do not diminish its danger;—a tacit recognition of confidence in science and medical skill.

In the epidemic which occurred at Schlestat and at Strasburg in 1841, (and of this last there is an excellent history by M. Forget, Professeur de Clinique, &c., at Strasburg, in the *Gazette Médicale de Paris* for 1842,) no account is made of spots, excepting of an herpetic eruption about the mouth and labia pudendi. There is no eruption spoken of in the epidemic at Versailles, at Avignon, or at Nancy—nor, in so far as I am informed, in the epidemics in Ireland.

P. S.—Worcester, April 26th, 1849:—

With the facts at present before me, I have attempted only to make out the pathology of this epidemic. The consideration of its proper treatment, or only of the effect of the treatment it has had, would require much more extensive and careful investigation. I will only add, at present, a fact related to me two days since, by Dr. Rawson, of Grafton, who has had twelve cases of the epidemic in his own practice in Sutton, and who informs me that he designs to publish their history. Of the twelve, he lost only the first two. He depended mostly upon bleeding and purging—not hesitating to bleed even in the cold stage. He relates, particularly, the case of one patient whom he found cold, with a small pulse, and whom he bled at once, to the amount of a quart, the skin becoming warm, and the pulse bounding while the blood flowed. The patient was much relieved after the loss of blood, as they all were. The headache being very severe, two or three days after, Dr. Rawson bled him another quart with relief. The man got well.

April 23d. *Etherization in Childbirth*.—Dr. CHANNING read the following cases:—

Protracted Labour—Instrumental—Sulphuric Ether—Chloroform.—Mrs. —, aged twenty-three, first labour, began March 9th, 1849, at about 1 A. M. I was called to her in the country, between 3 and 4 A. M. Labour was present; contractions moderate; os uteri somewhat dilated; strength good; cheerful. I returned to town between eight and nine, and went again at noon. Some progress, but no indications of delivery; os uteri not sufficiently dilated to settle what was the presentation; pains moderate. I remained the night, and left again for town in the morning. On my return I found the contractions stronger, suffering greater; and found the presentation to be *face to right acetabulum*; orbital processes of the frontal bone distinctly and easily felt beneath the brim; cranium closely fixed in the pelvis, and no impression whatever made by the strong contractions now present; the suffering was great, and it was attempted to relieve it by inhalation of sulphuric ether. Very little relief came from a fair trial, and chloroform was substituted for it. This very soon produced rest, quiet sleep, easy respiration; the pulse, temperature, and complexion, remaining perfectly natural. In the latter part of the day, it being obvious that no benefit was to be looked for from the natural efforts, which continued as strong as ever, the forceps were applied. No progress was made, though all safe force was used. It being clear that the safety of the mother depended on speedy delivery, the forceps were removed and craniotomy done, and the child delivered. These efforts with instruments were made during unconsciousness from chloroform; the patient did not know when the child was born. Not the smallest injury was done, nor did the least morbid process occur in the puerperal state. Some anxiety was felt, as a lady in the neighbourhood, who was delivered about the same time, was seized with puerperal peritonitis which was speedily fatal.

Natural Labour—Laceration of Perineum without Etherization.—Mrs. —, aged twenty-six, first labour, was taken with labour March 15th, very early in the morning. I was desired to see her about six A. M. I found her up, apparently in usual health, with occasional uterine contraction, which was so slight as hardly to attract attention. I was on my way to visit the above case, and left for her residence. I returned between eight and nine, and called again on my city patient. She was quite as comfortable as in the morning, and I left, to be called when needed. This was between 10 and 11 A. M. Upon reaching the house I found the child was born, and after a manner so easy that it was hardly thought necessary to send for aid. The infant had not been separated from the mother; this was now done, and the placenta soon followed. Upon examining the perineum, I ascertained that it was entirely torn through to the edge of the sphincter ani or termination of the rectum. The rent was felt to be as smooth as if made with a knife. The getting up was good, and union of the wound took place. I have made this record of this case because of the late discussion in the Society of the question whether support of the perineum is ever necessary, and, farther, because of an assertion of a member of the London Westminster Medical Society, at a late meeting, who stated that chloroform produced rupture of the perineum. In my case no physician was present during delivery, the nurse gave no support, and no chloroform was employed. I do not remember to have met with so entire a laceration of the part as in this instance.

Protracted Labour—Instrumental—Laceration of Perineum without Etherization.—Mrs. —, aged about thirty, first labour, March 15th. I was called out of town to see this case in consultation, at the close of the second day from its beginning. The *forehead* was towards the *right acetabulum*, the anterior fontanelle presenting, and the head firmly impacted in the pelvis. The contractions were strong, and suffering much; but it was thought unnecessary to deliver, and I left, to be called at any moment when the physicians in attendance judged farther assistance necessary. I was called about 8 A. M. following, sixteen hours after my first visit. It was now obvious that the time had come for delivery, and the child was delivered by the forceps. It was born alive. Etherization was neither desired nor attempted. Every precaution was taken to prevent injury to the perineum, but very extensive laceration took place, which was long in healing. The pressure on the bladder had deprived it of power to empty itself, and the catheter was required for some time. The child was born alive, and the woman ultimately did well.

Painful Labour—Instrumental—Chloric Ether.—Mrs. —, about twenty-four, first labour, was taken ill early on the morning of March 29th. The uterine action was rapidly and most strongly developed, and the resistance of the unprepared organs to the passage of the child made the sufferings of the patient truly agonizing. I was desired to see her in consultation at about 1 P. M. Her medical attendant said to me, "I have sent for you to deliver this woman, for I feel sure that her life is endangered by her labour." I requested that chloric ether might be sent for, and proceeded to examine the patient. I found the *face* to the *symphysis pubis*, the *anterior fontanelle* presenting exactly in the *centre of the vagina*. The fontanelle was unusually large, and for a moment I thought the delay of delivery might be owing to dropsy of the cranium, and especially did I think some such cause must exist when I witnessed the strength of the uterine contractions, and the total want of impression upon the head. This had reached the pelvic outlet, and one would have expected delivery at any moment: this state of things, however, had existed many hours. The diagnosis was determined by examining the sutures. These were in their usual contact, or overlapping, making it clear that the great size of the *fontanelle* was the result of imperfect ossification.

As soon as the ether was obtained, the instrument was applied, and inhalation began immediately after. Extracting effort was soon made, and the child delivered with much ease. It cried at once, and lustily. Upon examination, the anterior fontanelle was found to be as described; both feet *clubbed*, and a large *spina bifida*. The child died a day or two after; the patient did perfectly well. Not a morbid occurrence disturbed her rapid convalescence. There was not the smallest local lesion of any kind. The perineum was not in the slightest degree injured. We have, in succession, three cases of certainly not common positions of the foetal cranium during labour. All were instrumental. In two, etherization was practiced; in two, labour was much protracted; in one, delivery was accomplished in a few hours after labour began. The result was wholly satisfactory. I was glad to find that early resort to instrumental delivery in one case above has the sanction of Prof. Simpson's high authority. He suggests that cases occur in which delay is lost time; not only so, that the chances to both mother and child may be greatly diminished by the continuance of protracted and ineffectual labour.

Arm Presentation—Chloric Ether.—Mrs. —, about thirty, sixth labour, April 15th, about 1 A. M.; physician called at 5 A. M.; arm protruding from

external organs; water had come away some time before. I saw this patient about 6 A. M. She is strong, plethoric, in full health; she told me I delivered her with the forceps five years ago. It was agreed to turn, and that chloric ether should be inhaled—strength 35 per cent. chloroform. It produced the ordinary effects of chloroform about as soon as does chloroform itself. There was heavy, profound sleep; noisy stertor, or snoring; perfect insensibility, and as perfect unconsciousness. Turning was accomplished with entire ease. The child was born alive, but did not long survive. Convalescence was rapid and uninterrupted.

Convulsions—Chloroform.— —, aged fifteen, first labour, April 16th, at about 1 A. M. Began with vomiting. Physician found her in violent convulsions; was very fleshy, and in perfect health; no error of diet; full blood-letting, about $\bar{3}$ xxx; leeches to temple; terebinthinate enemata, cold to head. I was called to see her at about 1 P. M. Found her very ill; face pale; livid; respiration heavy, laborious; pulse from 192 to 200 in the minute, small, sharp; convulsions violent; os uteri dilatable; slightly dilated; show; head presenting. I advised chloroform; it was at once inhaled, and this very thoroughly; it checked the convulsions, so that no more occurred. The labour proceeded. At about 3 P. M. she recognized her mother, and gave other evidence of consciousness. I left her, soon after, doing perfectly well. This patient was carefully watched, and whenever a convulsion was threatened, which was denoted always by wide-staring, fixed eyes, chloroform was immediately inhaled. In this instance, consciousness returned sooner than in any case which has come before me.

Natural Labour—Chloric Ether—Chloroform.—Mrs. —, aged twenty-six; first labour April 17th, about 2 P. M. In this case, etherization was practiced simply to relieve intense suffering. Chloric ether; its effects were disagreeable, and very slight in regard to relief. Chloroform was substituted, and with entire relief. Labour was finished during unconsciousness and insensibility, without complaint, and entirely successful both with regard to mother and child.

Natural Labour—Chloric Ether.—Mrs. —, aged twenty-four, first labour April 22d. I was called at 2 A. M., about four hours since beginning of labour. Very soon contractions grew strong, vehement, and the suffering was declared to be intolerable. Between three and four, inhalation of chloric ether, imperfect, effects slight. At length, however, the suffering was such that fair, full inspirations were practiced. Almost at once entire etherization occurred. It precisely resembled that which follows chloroform, as did that in the case of arm presentation; was as deep, and as grateful. The child was born alive, during entire unconsciousness. Weight 9 lbs. I left the mother perfectly well.

Placenta Prævia—Chloric Ether—Chloroform.—Mrs. —, aged about 24, fourth labour. In one only, the second, of the three preceding, was the fetus carried to the full time: all born dead. Called about 5 A. M., Thursday, April 19th, on account of flowing. Found her vomiting, and learned she had vomited for some time. Face pale, œdematous; expression anxious, heavy. Labour began in night; no sleep; deep, heavy gaping, such as accompanies exhaustion; says stomach feels cold, and can bear nothing in it; keeps hand to chest, and complains of distress and sinking about præcordia. Pulse rapid, neither full nor strong. Flow very slight, requiring a napkin

now and then; os uteri high, looking towards hollow of sacrum; cervix about half done away with, being of the length of the time of pregnancy, between the 7th and 8th month; os uteri scarcely admitting finger, round, firm. Very little flow accompanied or followed examination; much distress during uterine contractions, which were regular; and some pain at the time low in the back. I left, directing positive rest.

About 9 A. M. Things very much as at first call. No more hemorrhage than then. Rather stronger contractions, and more suffering; vomiting continues. Sitting up on the bed with the legs bent under her, a position, as I was informed, she assumed in her former labours. Is restless, changing place often. For the sinking at stomach directed a mixture of gin, warm water, and sugar, in teaspoonful quantities; and for the great pain and suffering during contractions, inhalation of chloric ether. The strength was 35 per cent. of chloroform to 4 of water, and the rest strong alcohol. It was poured upon a handkerchief, and inhaled as felt to be needed. Its effect was to diminish pain, to procure rest, without sleep. It left consciousness unimpaired. I advised her to lie down, which she declined to do, the sitting position being the most agreeable. Os uteri remains as at first examination. I now left to be called if occasion required.

About 12, noon. Less hemorrhage than at any time. Appearance less satisfactory; face without colour; distressed; speaks feebly; gaping deeper and more frequent, manifesting increased exhaustion. Pulse as at first visit; contractions stronger. Has inhaled chloric ether occasionally, with slight diminution of suffering; no sleep. Is sitting as when last seen. Hemorrhage very suddenly and profusely declared itself. Examination showed os uteri unchanged, and the placenta completely over it. It was obvious that this state of things demanded immediate attention. I passed my left hand into the vagina, and reached the os uteri. It allowed two fingers only partially to enter it. Hemorrhage rapidly increased, and was more violent than is remembered in any case before met with. It was obvious that it could not be borne longer without fatal issue. The hand could not pass the os uteri but with a force which no circumstance could justify. I recollected at once the effect of chloroform in similar cases, in which, as in this, the suffering was extreme, hemorrhage excessive, and the danger imminent. About a teaspoonful was poured upon a folded handkerchief, and held toward the face. To be sure of the quantity, I poured it out myself, the nurse holding the handkerchief. The effects were rest, less expression of suffering, and unquestionless increased dilatability. The hemorrhage continued unabated. Inhalation was stopped; the hand was passed steadily, but without violence, between the placenta and womb, the membranes reached and ruptured, a leg readily reached, brought down with perfect ease, and the child delivered: the placenta followed immediately, and before division of the cord had been made. The patient was perfectly conscious of what happened, asked if the child was alive, and expressed the ordinary interest in it. Etherization was not perfect, but it had accomplished all the purposes designed in its use. The womb contracted at once and perfectly. I applied my hand over it to secure contraction and to prevent further hemorrhage. Complaint was made of the pain my pressure produced. A thick compress was placed upon the uterine tumour, and a swathe tightly drawn kept it in its place. Slight hemorrhage occurred after the delivery. The pulse soon after was not to be felt. Stimulants were at once given. Infusion of ergot with the powder freely exhibited. Some reaction now occurred. The mind was throughout perfect. There was no sighing, nor jactitation. She spoke of her state, of being better, and of

being worse. Reaction was of short continuance, sinking came on, and in about two hours after delivery, and by a gradual failure, death took place.

Cases like the above are now and then met with. I remember two which occurred some years ago, which nearly resembled it. One, in which sudden hemorrhage took place in a latter month of pregnancy. It was very profuse. A week passed, and, on a Sunday morning, a still more violent flow happened. The physician was called. He found the placenta over the mouth of the womb, and urgent hemorrhage. I was asked to see this patient. I found her in extreme danger, and it was agreed that delivery should be attempted. This was successfully done. Reaction followed most threatening sinking. It continued about an hour, when, after very little further loss of blood, sinking returned, and speedy death. In another case, death occurred sooner after delivery; but in this, hemorrhage continued from Thursday noon to Sunday night, when, on account of threatened death, delivery was accomplished. There was not a moment before this in which the attending physician or myself believed that forced delivery would have been justifiable or even possible. These are the only cases of death after placental presentation that have come under my own observation, and in these I was a consulted physician. A case of great interest was reported lately at a meeting of this Society. The placenta presented directly over the os uteri. Profuse flow came on. It was obvious to the physicians in attendance that death would soon occur unless delivery was accomplished. This was done by turning. The womb contracted well. Fair reaction came on, and everything promised well. But in about an hour after delivery, secondary hemorrhage occurred, I believe an exceedingly rare accident after placenta prævia, and which was almost immediately fatal. Etherization was not employed in either of these cases. I have met with two cases of placenta prævia, in which chloroform was inhaled with entire success. In one of these, not that in my first communication, I found the patient in a state which seemed utterly hopeless. She was without pulse; the skin was cold and exsanguious. I told the medical attendant that I thought it best to accomplish delivery when it could be done, and that chloroform would prevent suffering, and facilitate dilatation. It was agreed to try it. Perfect etherization was induced—the child was turned and delivered. The placenta at once followed. Reaction occurred, and the effects of hemorrhage were perfectly recovered from. I have never met with a case so wholly unpromising in which success was more perfect. The case in my first communication, of placenta prævia, was as hopeless as this. See a third, of the same character, at p. 297 of my Treatise on Etherization in child-birth.

In the case just reported, the cause of existing symptoms was a matter of much thought. It seemed that symptoms so declared of grave sinking, and depression of power, could not depend upon the visible hemorrhage. They had some of them existed before labour began. The labour itself was premature: vomiting had existed some time, and ushered it in. The gaping was very striking, and, together with the blanched face and lips, the restlessness

and general malaise, was calculated to produce uneasiness, and to suggest grave lesion as the cause. Internal hemorrhage became thus a matter for thought. I recollected a case to which I was called in consultation, but which was fatal before I reached the address, in which internal hemorrhage was the cause of death, and in which the blood was contained between the placenta and womb, without a drop appearing externally. Examination, after death, disclosed precisely this state of things. But in the above case there was *external hemorrhage*, slight, indeed, and constantly watched. The abdomen was very carefully examined by pressure, and the womb always found well contracted. The os uteri was open, which was not at all the case in the above instance referred to, and there was fair uterine contraction. Nay, this was most striking at my latest visit, at noon, and then the *hemorrhage was least*.

The membranes were entire, and a free channel existed between them and the womb, for any blood which might escape from vessels, left open by the separation of the placenta. The position of the patient, erect, as it regards the trunk, favoured the freest escape of blood through the open os uteri. Blood was actually flowing through it at my first visit, and did not entirely cease to flow.

The use of chloric ether was very beneficial in this case. It did not produce complete etherization, to be sure, for neither was sensibility nor consciousness, in any sense, abolished. Its effects were quiet, diminished suffering, and relief from the indescribable distress of which the patient was almost so constantly conscious. For the most part, she managed inhalation herself, using it when she desired its relief. Chloroform was substituted for chloric ether because of the pressing demand for its important agencies. Hemorrhage, as so frequently happens in these cases, at last occurred suddenly and violently, and at once threatened a fatal issue by its quantity; and how much was the danger augmented by the exhausted state of the patient when labour began! The use of chloroform was short. It diminished suffering, and promoted dilatability. These were the effects, of all others, to be desired. What of strength remained was not exhausted by suffering, and in delivery the prospect of safety only could be found. The womb contracted promptly, and retained its own contraction. The blood coagulated as firmly as I have found it to do in any case of hemorrhage. The respiratory function was carefully watched, and was steadily performed. Death occurred under circumstances which always accompany fatal hemorrhage, and about the characters of which no observing physician can have any doubt.

May 28th, 1849. Fracture of the Face.—Dr. Cotting had lately picked up in the street a man who had been run over by the wheel of his own cart; blood was being profusely discharged from the nose and mouth. He found a fracture of the lower jaw on one side, and a dislocation on the other; and a separation of the whole face from the base of the skull. The man is now doing well, and the fracture healing without much deformity. Dr. J. M. Warren had seen a similar case in an old lady, who, falling into an open cellar, struck upon the face; the face was driven backwards, and the respiration much obstructed from the compression, and the blood from the lacerated soft parts. The fragments were replaced, and the patient did well.

Death from Laudanum in Three-Quarters of an Hour.—Dr. Coale had a memorandum of a case where death followed the ingestion of the poison after an interval that could not have been longer than that above stated. Dr. C. desired to mention this case in connection with one reported some time since by Dr. Lyman, where the time was equally short.

Rupture of the Lung. Dr. Strong.—A boy was injured on a railroad, it being doubtful whether the wheel of the car actually passed over him or not. There was no external injury; the boy remained in a state of collapse, and died at the expiration of about three hours. At the autopsy, no fracture of the ribs was discovered; but the pleural cavity contained a large quantity of blood, proceeding from a rupture of the lower part of the lung, presenting the appearance as if cut with a knife.

June 10th. Trepanning for an Old Depression causing Idiotcy. Dr. J. M. Warren.—A girl, ten years of age, during infancy, was struck upon the top of the head. And, although the corporeal faculties had increased normally, there had been little, if any, manifestation of intelligence. The child recognised imperfectly her parents, but was unable to articulate, emitting only a species of howl; she was also subject to constant and violent convulsions. On examination, there was found a longitudinal depression, three to four inches in length by one in width across the head, just behind the coronal suture. At the request of the parents, and with the full understanding of the danger, it was decided to remove the depressed portion. This was done with two crowes of the trepan; the opening being joined by cutting out the intermediate piece with a Hey's saw. The child lived nine days—for the first six days doing well. She died from a bleeding from the longitudinal sinus, which ruptured after some sudden and violent movement made by the patient in bed. The father thought there was an appreciable increase of the amount of intelligence after the operation, and it was obvious to every one that she took cognisance of persons and things about her in a way she had never done before.

Malignant Disease supervening on a Non-Malignant Growth.—Dr. Bethune said he had several times alluded to the possibility of a tumour, or other simple growth, remaining for a long time in that state, and then suddenly taking on malignant action; he had lately had a case in point. A man, sixty-five years of age, had had a simple membranous tumour of the conjunctiva for sixteen years; lately, this little tumour had increased in size, becoming hard, purplish, and painful, presenting signs of malignant disease; which character was fully established by dissection of the globe after its removal.

25th. Method of Arresting Bleeding from Alveolus.—Dr. Homans exhibited a wax impression of an alveolus, from which a tooth had been extracted. The bleeding was very obstinate; but was completely arrested by plugging the cavity with wax, softened in spirits of turpentine.

Method of Extracting Foreign Bodies from Nostrils.—Dr. Homans, for many years, had practiced the following: Closing the nostril, which is free, he blows forcibly with his own mouth into the mouth of the patient, and the result is the discharge of the body.

He stated that, in no case where such substance completely obstructed the passage, as beans, peas, kernels of corn, &c., had this method failed of success; but, when the substance introduced was so shaped as not entirely to obstruct the passage, as a button, the air blown in might pass through, and not remove, the body.

July 9th. Ligature of External Iliac Artery.—Dr. S. Parkman exhibited the specimen, from a patient in the Boston Lunatic Asylum, under the care of Dr. Stedman. The patient, a lunatic, was stabbed by another lunatic with a carving knife, on the outside of the thigh, just below the trochanter. The bleeding was so profuse, the knife having gone in front of the bone in the direction of the artery, that the femoral artery was tied by Dr. Stedman as it passes from under Poupart's ligament. Two weeks after the ligature separated, bleeding took place at the point where the artery was tied, and it was deemed advisable to tie the external iliac artery. After two weeks, the patient died; the wound not having united, and gangrene of the extremity having taken place. The autopsy showed the parts around the artery undisturbed, with the ligature still in situ; a soft coagulum was just above the ligature, extending to the iliac bifurcation, but forming no satisfactory plug, and bleeding would have followed the separation of the ligature.

Bleeding from the Ear—its Origin in Fracture of the Base of the Skull, and its Prognostic Value.—Dr. S. Parkman said he had lately had a case relative to the discussion upon this subject, several evenings since: a fracture, extending across the whole base through the right petrous portion of temporal bone, and traversing the right lateral sinus, near its termination in

the jugular vein. As regards the value of this as a prognostic sign, Dr. P. said it was plain to see that it was not impossible that fracture of the base should terminate favourably; the bleeding being external instead of internal, and compression being thus avoided. Bleeding from the ear is, therefore, not necessarily a fatal sign.

August 14th. Bean in the Trachea.—Dr. S. Parkman gave the particulars of a case to which he was called after death. A child, of eleven months, was supposed to have swallowed a bean on a Saturday; had several fits of dyspnoea, in none of which, however, was it seen by its physician, who uniformly found it free from pulmonary symptoms. On Monday, in an access, it ceased to breathe. The trachea being opened after death, a bean, swollen to double its size, was extracted. In view of the great swelling of vegetable bodies, Dr. P. thought a patient should not be left without watching, as the vegetable body is constantly swelling, and each access of dyspnoea will be more severe than the last.

27th. Hæmatocele.—Dr. J. M. Warren exhibited the specimen, showing the tunica vaginalis, thickened to nearly a quarter of an inch, and distended to hold a pint; its inner surface being lined with coagulated lymph. The case was peculiar and instructive. The patient had carried the tumour nineteen years; its origin being unknown. When he presented himself, it was of the size of a cocoanut, firm, without fluctuation, and presenting an inflamed spot upon its anterior aspect. The tumour was considered as one of the testicle, and its removal advised and practiced. The sac was not punctured during the operation. On being laid open afterwards, it gave issue to a dirty-coloured fluid. The testicle, after the removal, was found flattened and wasted on the posterior face of the sac. The recovery was perfect in two weeks; and, although there was a mistake in the diagnosis, the operation performed was the best for the patient, as the process of granulation in so thickened a sac must necessarily have been very tardy, and the testicle was no longer of any efficiency. A circumstance which added to the difficulty of the diagnosis was, that the other testicle had commenced enlarging during the past year, was double its natural size, and much flattened, and evidently had no water external to it. Both the patient and his physician insisted that the disease of the other testicle commenced in the same way, and the latter stated that he had often examined it with the view of detecting fluid in the tunica vaginalis, but never could discover any.

Dr. S. Parkman alluded to two similar cases of greatly thickened sac, in cases of hæmatocele occurring in his practice at the hospital. In one, a young man, the disease had existed four years, originating without injury, and presenting all the appearance of hydrocele, save the transparency. The tumour was tapped, and several ounces of a bloody fluid were discharged. The thickened sac being then readily perceived, was laid freely open, and a portion

excised; its inner surface was lined with grayish matter, evidently the result of the coagulum of the effused blood. The cavity granulated from the bottom, and the patient did well. The other case, a man seventy-five years of age, presented himself with the same symptoms of hydrocele, without the transparency, existing for nine months without known cause. At his urgent request, the tumour was punctured, and about eight ounces of black fluid blood followed the withdrawal of the trochar. The man died from gangrenous inflammation of the scrotum, and the sac presented similar appearances to those in Dr. W.'s specimen.

Oct. 8th. Hare-lip—Nursing during the Process of Union.—Dr. J. M. Warren had lately, in a child one month old, permitted nursing during the process of union. Three sutures were employed, and the union was perfect; and he was surprised to see, contrary to the usually received opinion, that there was no strain on the lip during the act of nursing.

Animal Poison. Dr. Fisher.—R. S. W., aged forty, residing in Dedham, on the 5th day of September, dressed a sore on the leg of a horse, which had existed a few days, and caused the limb to swell enormously. At the time of dressing the sore, the patient did not know that he had any abrasion of the skin of his hand or fingers. On the second day after dressing the sore, he perceived a small pimple of a lengthened form on the dorsum of the little finger of the right hand, situated midway between the second and third joints. His attention was directed to the pimple by an itching sensation, which caused him to rub it often. The pimple soon began to increase in size and the finger to swell, so that, at the end of two weeks, the finger had enlarged to three times its usual dimensions, becoming very painful and red, and sore as a common boil. At this period, he applied poultices to the finger, without, however, relieving the pain or diminishing the swelling. During the third week, red lines were observed by the attending physician passing up the inner surface of the right arm, and the arm began to swell; and in a short time the whole arm from hand to axilla attained to double its common size. The glands in the axilla became tender, painful, and sore to the touch. At this time, the original sore on the finger had assumed a purplish colour; and by the middle of the third week, its surface opened, and a little thin, dark liquid came from it. The glands of the right groin now became painful, swollen, and tender, and the right lower extremity became swollen, and the inner side of the whole limb, especially along the tract of the large blood-vessels, became sore. At about the same period, the patient experienced a general soreness in the abdomen. This cavity became distended and tender, so that the weight of the hand caused much pain. The glands of the right side of the neck were also affected, and became enlarged, painful, and sore. In one or two days after the whole of the right half of the body had become thus affected, the left half became involved. The glands of the left side of

the neck, of the left axilla and groin, and the inside of the left leg became affected, but not to the degree that was experienced in the same bodies and regions of the right side. The left arm and leg were not much swollen, but were as painful as were the right arm and leg. The sore on the finger was opened three weeks after the first appearance of the pimple, and discharged matter freely until Oct. 12th. The swelling, soreness of the limbs and glands, gradually subsided with the progress of the discharge from the sore; so that, on the 16th of October—the day of my second and last visit to the patient—the affected members and parts had assumed nearly their natural size and sensations.

The general symptoms were chills and fever; numbness in all parts of the body; a kind of catalepsy of the limbs; occasional feeling of fainting; nausea without vomiting; dull pains in head and back; quickness of pulse; palpitations of the heart; loss of appetite; oppression in epigastrium after meals; constipation of bowels; difficult micturition; great debility; watchfulness.

The treatment was poultices to sore; brandy and quinine in frequent and large portions. As has already been stated, the patient, on October 16th, forty-one days from the time of the infection, had recovered, or nearly so, the usual size of his limbs, and their usual sensations. He was still much debilitated, and complained of some degree of numbness in the right arm and little finger. The wound on the finger had healed; but had left a rather broad-lined scar. The finger was larger than natural, hard, and the skin covering its upper surface thin and glossy. The scar was one inch in length.

The horse, from whom the patient received the infection, had a small wound on his limb; and, after a few hours of rapid travelling, the limb began to swell and became very large, and the sore to discharge matter. The animal was sick two weeks, and recovered.

The owner of the horse suffered severely from a sore situated on the end of one of his thumbs, which he now thinks was caused by dressing the wound on his horse. The skin on the thumb was not broken at the time. The thumb swelled; matter formed in it, and was discharged by an operation. No constitutional symptoms followed this infection.

*Aug. 17. Asiatic Cholera.—Hydropathic Treatment.—*Dr. Stedman read the following paper:—

I deem it my duty to submit to the notice of this society the following cases, in which the employment of an old remedy in a new disease was adopted. I refer to the extensive application of cold water to the body of patients afflicted with Asiatic cholera. I proffer these notices, in the hope that others of our profession may be induced to make trial of the same remedy, and meet with the same beneficial results.

On Saturday, Aug. 18th, J. M., a man who had just recovered from insanity, and was waiting at the Boston Lunatic Hospital for an opportunity to

proceed to his home in Nova Scotia, was seized with cholera in the severest form. In three hours from the appearance of decided signs of the disease, he was in a state of profound collapse, as was manifest from the feet and hands becoming cold, blue, and shrivelled; the eyes sunk in their sockets and the eyelids of a dark livid colour; the eyes themselves being injected with blood. Lips dark blue; voice reduced to a whisper; respiration laborious; tongue and breath cold; pulse imperceptible everywhere, except a faint fluttering over the cardiac region; frequent and copious oral and anal ricewater-like evacuations; incessant cramps in legs and arms.

Immediate dissolution was threatening. From the beginning no relief had followed the use of remedies, and I was about retiring to rest, after a very fatiguing day's work, feeling assured that death must terminate the patient's sufferings in the course of a few hours, when my eyes rested on the uncut leaves of the *London Lancet* received by the last steamer. On glancing over the table of contents, I read this caption, "Treatment of Cholera by external cold and moisture." Turning to the page indicated, I there found a communication from two surgeons (who gave their names and residence at the close of their letter), stating the success they had met with in the treatment of cholera by the application of the wet sheet and blankets; and this in the last stage of the disease. They had by these means succeeded in restoring heat to the surface in twenty cases.

Having read this paper, I was reanimated to further exertion in behalf of the apparently dying man, and immediately directed the application of the wet sheet and the blankets to be made. In half an hour, the patient was relieved of all cramp; vomiting and purging ceased; his respiration became gentle, and he dozed quietly for ten minutes. In forty-five minutes from the time when he was first inclosed in the sheet and blankets, he was taken out entirely relieved. The pulse at the wrist returned; respiration was easy; warmth was restored to the whole surface; while, at the same time, the blue colour of the skin gave way to its natural redness. In short, healthful reaction had taken place.

In two hours and a half after this, the patient grew worse; his cramp, vomiting, and purging returned; and the pulse again became imperceptible. He was again subjected, for forty minutes, to the same treatment as before, with precisely similar good results.

Again, after an interval of eighteen hours, relapse followed; the same process of treatment was instituted, and the same relief resulted—since which time, the patient has been rapidly convalescing, and is now, with the exception of some debility, quite well.

The next case treated by the application of the moist sheet and the blankets was that of Susan M'D., a common drunkard, who was sent to the House of Correction, on the 20th of August, and to the Prison Hospital on the next day; when, at 11 o'clock P.M., she was seized with vomiting and purg-

ing of rice-water-like fluids in large quantities, with cramps in both extremities, &c. &c.

At 1 o'clock A. M. of the 22d, I found her in a state of collapse, nearly as deep as in the case above detailed. The same treatment was adopted in this as in the last case; in half an hour from the commencement of which, all the bad symptoms ceased; the pulse returned, with general warmth and natural colour of the surface. She was soon released from her envelope, placed in bed, and covered with the customary quantity of clothing. In two hours after, she again fell into a state of collapse; was again enveloped in the wet sheet, &c.; and became completely relieved, as before.

At 8 o'clock A. M., collapse returned; the same treatment was pursued as before, and was attended by the same relief. At 2 o'clock P. M., she was attacked with delirium tremens, and was soon after submitted to the application of the same remedial means. The delirium subsided gradually, and disappeared in the course of the following night. Twice after this, bad choleraic symptoms appearing, she underwent the water treatment, as before. On the 24th, for the first time since the attack, the urinary evacuations occurred, and then but scantily.

On the 25th, patient had a copious bilious discharge from the bowels, and passed urine in abundance. From this period, convalescence has progressed rapidly without impediment.

I will not encroach further on your time than to say that all the cases of cholera which have occurred in the city institutions at South Boston, since August 18 (eight in all), have been treated by the same method as mentioned above, and, with one exception, with the same happy result. The patient excepted, who died at the House of Correction, was a confirmed sot, and seemed, from the first, to have but little stamina of constitution left, with which he might combat any disease.

Reaction indeed took place each time that he was incased in the wet sheet; but the intervals of relief became more and more short, as his end approached.

It is proper further to remark that, in none of these cases, were the patients subjected to this mode of treatment till the stage of collapse had become fully determined; and also, that no adjunctive remedies were employed during this stage of the disease.

To this paper, Dr. S. appends the following note:—

The above account was written immediately on the termination of the last case enumerated. Since that time, though the same mode of treatment was employed in many instances, and in all warmth was restored to the whole skin, and perfect reaction seemed to have followed in each case, yet the patient seldom rallied, but for a short period, and soon fell off, and sunk irrevocably.

Such being my experience, after the most careful management, and so thorough the trial of this mode, and, at length, that of the administration of other remedies in conjunction with it, I became satisfied that no special course of treatment, however successful in one locality or during one epidemic outbreak of cholera, would serve as a uniform standard, according to which we might be governed in our general treatment of this mysterious disease.

Oct. 22.—*Cephalæmatoma*.—Dr. HOMANS reported a case of this disease, that was remarkable for the situation of the tumour, and for the age of the subject. On the 5th inst., a soft tumour was discovered over the left frontal bone, about two inches in diameter, and surrounded by the characteristic hard ring. On the 9th, the swelling had increased and become tense, the surface was bright and shining, and fluctuation was very distinct; the edges being still perceptible. On the 11th, it began to subside, and since then it has been gradually diminishing in size, so that now it has nearly disappeared. From the first there has been no discoloration of the tumour, no tenderness on pressure, and no disturbance of the health; neither was the disease traceable to any cause, nor was any treatment used excepting a saturnine lotion. In connection with this case, Dr. H. gave a summary of what is known upon the subject, and quoted particularly from an article by Dr. Walshe in the *Cyclopedia of Surgery*. The tumour in the present case was situated over the frontal bone; whereas in sixty reported cases it was found fifty-six times over the parietal bones, three times over the occipital, and once only over the frontal. The age of the subject in Dr. H.'s case is one year, whereas it usually occurs at the time of birth, and within the first two or three days; the oldest subject, of fifty-three mentioned by Burchard, being eleven days. In regard to the sex, thirty-four of Burchard's cases were boys, and nine were girls; the subject of the present case is a male child.

Nov. 10.—*Ovum blighted, and retained for more than three months*.—Dr. JACKSON exhibited a specimen in which the fœtus was about as much developed as at the sixth week of pregnancy; the placenta being about three and a half inches in diameter, consisting of a thick, fleshy, opaque mass, and looking as if infiltrated with fibrine and effused blood; there was also the partially hydatiform degeneration so frequently observed in abortions at the early months. This case is interesting, as the period when the change took place seems to have been well marked. The mother had borne several children; menstruation was regular; and on the 15th of June this function occurred for the last time; but its cessation was followed by sickness in the morning, with swelling and soreness of the breasts, as usual in the former pregnancies. About the first of August, she lost a child very suddenly, and from that time the sickness ceased and the breasts became flaccid. Some hemorrhage occurred once or twice, and labour-pains, of which there had been none previously, having come on last night, the ovum was expelled this morning. Dr. J. remarked upon the frequency with which an ovum that has been blighted is retained for a considerable period of time, and inquired how far the fact had been noticed by obstetrical writers. Dr. Channing replied that it was mentioned by Denman, and that he had in his collection a specimen exactly resembling a plate given by that author.

Nov. 10.—*Croup treated by the application of Nitrate of Silver to the Larynx.*—Dr. CLARK related the case of a girl of fourteen, who, after exposure to wet, had hoarseness, aphonia, and croupy breathing, with patches of lymph on the tonsils.

A strong solution of nitrate of silver was applied by means of a sponge, which entered the larynx perfectly. Considerable bloody lymph came away, and the girl has quite recovered.

Five cases, treated in the same manner by Dr. Clark, are reported in detail at page 11 of the printed records of the society.

Three of these five cases recovered—two terminated fatally.

Nov. 10.—*Hæmorrhage in connection with Jaundice.* By Dr. GORDON.—Mr. W., forty-eight years of age, of good constitution, usually had good health, with the exception of occasional slight attacks of asthma—has lived for the greater portion of the past five years in tropical climates.

Two months since, while travelling, had usual symptoms of jaundice. No medical advice for six weeks; then had blue pill—warm bathing—diet. While pursuing this treatment, with some relief of his symptoms of jaundice, large spots of purpura appeared on various parts of the body, particularly on the limbs, with discharges from the bowels of a thin bloody fluid, passed with and without feces. The urine presented the same bloody appearance, within a few hours; hæmatemesis, very copious, soon followed, accompanied with great prostration of strength.

At about the same period of the discharge of blood from the bowels, a severe neuralgic pain occurred in the left thigh, and a large fluctuating tumour was discovered in the left lumbar region, pressure upon which increased the pain down the thigh. The patient died suddenly, prostrated by an excessive hæmatemesis.

Nov. 26.—*Adipose Tumours of the Spermatic Cord.*—Dr. J. M. WARREN exhibited three or four tumours removed from the scrotum, forming a mass of the size of a large cocoa-nut, and weighing two and a half pounds. The case was particularly interesting from its great rarity. The details of it were as follows:—

The patient was a married man, fifty-six years old. Twenty years ago, an inguinal hernia was produced on the right side by a strain from leaning over a partition in his barn. It was the size of a chestnut, and easily reducible. He has always been liable to the recurrence of the hernia since, and has worn a truss.

Twelve years since, he perceived a small swelling or tumour at the lower part of the scrotum. It was of a globular form, hard, movable, not tender. The testicle, he thought, could be felt below. This tumour increased until it had attained the size of an orange, and then ceased to enlarge.

Nine years after the appearance of the first tumour, a second one was

detected above, and, latterly, three others have been discovered. The patient had been examined by a number of surgeons, and the tumour variously pronounced to be a hydrocele, disease of the testicle, omental hernia, etc.

On examination, it presented the following appearances: The scrotum was of the size of a child's head at birth; the increase being evidently on the right side. It contained, apparently, several tumours, more or less connected. One at the lower part, of the size of the testicle, and in which pressure caused the peculiar pain produced by injury to that organ: above this, a tumour of the size of an orange, quite hard and insensible; still higher, two large and two small tumours, the latter being in the vicinity of the inguinal ring. An indistinct feeling of fluctuation pervaded the mass. The whole of the tumour was forced up against the orifice of the inguinal canal, and completely covered it.

On dragging it down, and embracing the integuments between the thumb and forefinger, the spermatic cord could be distinctly perceived passing out from the ring; but, on the most careful examination, no prolongation of the tumour into the abdomen could be discovered. On causing the patient to cough, a portion of intestine was felt to force itself down into the scrotum, and immediately recede. The question of diagnosis seemed to regard three affections: 1. An omental hernia. 2. A disease of the testicle. 3. Some tumour of rare occurrence.

The objection to the former was, that there seemed to be no connection between the tumour and the abdomen; and although it is known that, in some cases, from the effects of pressure, the connection in old omental hernia with the abdominal cavity is cut off, this is not of very frequent occurrence. To the supposition of its being a diseased testicle, the small tumour at the lower part of the scrotum, of the apparent size and sensibility of that organ, could be objected. Dr. W. was in favour of the third view of the case.

The patient was advised to have an exploratory incision made, and, if it was found that the operation could not be terminated without great risk to life, that the wound should be closed without proceeding further. This was consented to.

Being etherized, an incision was made through the integuments of the scrotum, which exposed the middle lobe of the tumour, and this was cut into, but did not serve to elucidate the diagnosis. The lower lobe was then removed, and the testicle discovered below, apparently healthy, though smaller than natural. In the dissection of the remaining tumours, nearer the inguinal ring, the hernial sac was unavoidably cut into, being intimately connected with them. No intestine appeared, careful compression being made on the inguinal canal during this latter part of the operation.

The patient entirely recovered, after a smart attack of constitutional irritation; the inguinal ring being plugged up by the remains of the inflamed and thickened sac.

The tumours, on a careful examination, were found to have a fatty structure, and embraced the spermatic cord, the vas deferens being traced in its

whole length passing through the centre of the mass. One or two instances of tumours similar to the above are given by authorities, but none, apparently, where they were of so large a size.

Nov. 26.—Dislocation of the Head of the Radius forwards.—A case of dislocation of the head of the radius forwards, July 25th, reduced under the influence of chloroform, which added much to the facility of the operation as well as to that of the diagnosis, was reported by Dr. JOSEPH SARGENT, of Worcester, of whose communication the following is mainly an abstract.

Mrs. S., a feeble woman, of spare habit, was thrown from a wagon in the evening, while holding in her arms a child. Dr. S. saw her, seven hours after, in consultation. Patient did not know how she had struck, but there was some contusion about the right wrist, and the child was in a state of concussion. Patient's right forearm was slightly flexed on the arm, and would not admit of complete extension. Neither could it be any further flexed, for the attempt caused a prominence midway of the flexor face of the articulation to impinge upon the humerus, and gave considerable pain. The forearm was not only partially flexed, but also lay in a state of almost complete pronation, with but slight power of supination. Passive supination was imperfect, but when moderate, not very painful. When forced, it elicited a sort of crepitus, not crispy, like that of fracture, but giving the sensation of large obstructions. There was unusual lateral motion of the forearm on the arm, without crepitus. Motion of thumb free. In motions of pronation and supination, the tendon of the biceps was felt to move, and there was no evidence of fracture of the condyles. Swelling of the soft parts about the joint very inconsiderable. The continuity of the bony structures being established, the nature of the accident was manifest. The patient being put under the influence of chloroform, the muscles became relaxed and the forearm was easily extended and inclined towards a state of supination, counter-extension being exercised by the humerus, when the thumb of the operator readily forced the head of the radius into its place. The forearm was then at once forcibly flexed, and immediately all the motions of the joint were found to be free and without crepitation. The forearm was then extended and secured in that position by a splint, while compresses were bound over the head of the radius.

Sept. 3d. Dr. S. found the motions of the joint still somewhat impaired; but on the 1st of November the attending physician reported to him that they were quite free.

Reference was made by Dr. S. to the cases reported by Sir Astley Cooper, and to the frequency of the accident, according to Fergusson, while, on the other hand, Boyer and Sanson do not admit that it has ever been observed.

Drs. Coale, G. H. Gay, Parkman, Putnam, and J. M. Warren, each mentioned having seen a case of this form of dislocation.

Nov. 26.—*Acute Pericarditis—Hemorrhagic form.* Dr. JOHN WARE.—The patient was a female, nine years of age, of delicate health, subject to frequent attacks of slight disorder, but having seldom been the subject of medical treatment. She was ill for three weeks. At first, the symptoms seemed to indicate some abdominal affection. There was vomiting, but no diarrhoea; pain in bowels, with distension; and a feeling of firmness, resistance, or density in the abdomen; there were also pain and stiffness of the joints, like rheumatism; the pulse 120 to 136. Typhoid fever and peritonitis were suspected; but, at the end of about a week, these symptoms subsided, and she appeared convalescent.

After a few days, however, there came on a short loose cough, with some catching respiration—a disposition to sit up in bed—an increased frequency of pulse, which afterward varied from 120 to 150 to the time of her death—bronchial respiration and the other physical signs of pneumonitis in the left back, and, in a few days more, a coarse crepitus in the right back. These apparently accounted for her condition, and pericarditis was not suspected.

About forty-eight hours before death, symptoms came on resembling chorea very precisely, with respect to the motions of the limbs, the contortions of the countenance, and the character of the speech. There was also great increase of the dyspnoea and general suffering, amounting to agony. This led to the suspicion of pericarditis, which is known to be connected with such symptoms, and on examination the usual signs of this disease were found. The heart, which was exhibited, was a very perfect specimen of hemorrhagic pericarditis, the serous surfaces being agglutinated by a layer of lymph mingled with blood.

Dec. 10.—*Vegetable and Animal Parasites on the Teeth.*—Dr. BOWDITCH remarked that he lately made some microscopic observations on forty-nine individuals, taken from all classes in the community. None of them had any serious malady affecting the mouth. In all, save two, he had found either vegetable or animal parasites between the teeth, or at the junction of the gums with the teeth. These parasites had been noticed by others, but generally they had been considered as evidences of a diseased state. Dr. Bowditch regarded them as the result of uncleanness.* Still further, in order to be sure of avoiding them, Dr. B. stated that it was necessary to brush the mouth, *thoroughly*, after every meal, and even this is insufficient, in some cases, where decayed or false teeth exist. The two individuals who did not have either vegetable growths (algæ), or infusoria (either monads, vibriones, spirillum, &c.), were both young; both cleaned, four times daily, and frequently *threaded*, the teeth. One had been accustomed to use soapsuds every morning in rinsing the mouth.

Dr. B. had made experiments with several tooth-washes, and he had found

* Since making this remark, I have had an opportunity of seeing a work published in Paris, 1847, by Dr. Robin, entitled "*Des Vegetaux qui croissent sur l'homme et sur les Animaux Vivants*," in which a view similar to that which I present is taken.—H. I. B.

that soap, soda, ammonia, and the "chlorine tooth-wash," destroyed very speedily all the infusoria; but that infusions of cinchona and of myrrh did not have the same effect.

Among Dr. B.'s hospital patients, who chewed or smoked tobacco, the infusoria were by no means annihilated, but existed in rather greater numbers than in other classes of persons, who abstained from the use of "the weed." Dr. B. had likewise applied a strong infusion of tobacco to the infusoria, while under the microscope, and he had found that they remained quite as lively as before their immersion.

Celesa of the Glottis.—Dr. BOWDITCH had recently seen a case of death from this affection. The patient was a young German girl, in the wards of the Massachusetts General Hospital. She had come under treatment Nov. 26th, 1849. Previous to her arrival in this country, her health had been good; but she had suffered much from menorrhagia ever since her voyage. In the winter of 1847-8, she had "scarlet fever," from the effects of which she had never wholly recovered, having had dizziness, headache, pain in the back, &c. Palpitations had supervened a short time before her entrance into the hospital, combined with what seemed to have been paroxysms of hysteria, spasms, and temporary loss of consciousness. There had been some œdema of the ankles. When first seen by Dr. B., she was lachrymose, but did not seem very ill. She had a very fetid breath, and the skin was decidedly disordered. There was an eruption of a papular appearance on the hands, which were cold. On her face was a small patch, looking as if the part had been touched with a hot iron; the countenance was mottled, and of a somewhat livid hue elsewhere; some herpes at angles of mouth. Under pills of assafetida, camphor, and morphia, she improved greatly.

Nov. 27th. She seemed to have taken cold; her nostrils were stuffed, &c. Her pulse was 84, and there was no marked febrile exacerbation. As she complained of nausea, and the fetid breath continued, an emetic was ordered, which operated well; 28th, she was decidedly better. Her sole complaint on 29th was hunger. A little broth was allowed.

On 30th, reported a chill during night, and a soreness of the throat supervened; her hands and wrists were cool. She was sitting up in bed, without any great dyspnoea; but there was a little *reediness* of the voice. Dr. B. did not consider her very ill, and, on examination of the tonsils, the right one was found a little swollen, without any *marked* congestion. Four leeches were applied to the left side of the neck, of which she complained the most, and liniment of ammonia and a gargle of salt and vinegar were ordered.

Patient was much relieved by leeches; able to lie down and sleep; but at 1 P. M. she had what the nurse described as a "fit," and was found by the house physician breathing hoarsely and complaining of oppression at the lower part of the chest. From this attack she soon appeared somewhat relieved, but at 3½ P. M. she suddenly expired with symptoms of suffocation.

At the *autopsy*, the tonsils were found pale and small. The uvula was elongated by oedema, so that the extremity had the pearly appearance of a drop of water. The left side of the thyroid gland was deeply congested, and the trachea corresponding to it was a little reddened. The epiglottis and arytenoid cartilages were, at least, four times as thick as usual, from oedema. They were not reddened. The epithelium, on the left edge of the epiglottis, was somewhat abraded. The arytenoid cartilages were pressed closely together, even to their apices, having an irregular line, rather than the usual triangular space between them. There was no false membrane or pus about any of the organs. This swollen state of the epiglottis and arytenoid cartilages prevented the rima glottidis from being easily seen from above; but, on opening the larynx, the vocal cords were found pale and smooth, and not swollen. The lungs were somewhat congested at their bases and at the posterior parts. The blood in the heart was quite fluid. There was some injection of the stomach, and numerous very minute superficial ulcerations were found in it and in the large intestine. In other respects, the organs of the three great cavities were perfectly normal.

Dec. 10.—Delirium Tremens—Effects of Profuse Hemorrhage—Propriety of Bleeding as a Remedy.—Dr. COALE had lately seen a case where a patient, labouring under delirium tremens, cut his throat, about ten o'clock P. M. He was not seen until the next morning; there had been great loss of blood, but the patient's reason was wholly restored. This case, in connection with a similar complete arrest of the delirium in a person who performed self-castration (recorded in Jan. (1848) No. of the *Amer. Journal of the Med. Sciences*), induced Dr. C. to question whether venesection would not be useful in this disease.

Neuralgia from Retention of a Deciduous Tooth.—Dr. COALE reported the following case: A young lady, aged twenty, suffered for three years with neuralgia. The pain commenced at the top of the head, and radiated thence down the sides and back of it. The attacks would last sometimes a whole day, and even longer, and recurred at intervals of little more than a week. Dr. C. suspected the teeth, and examined them. They had been well taken care of by a dentist, and though several had been filled, they were above suspicion. On the left upper jaw, just above the second molar, there was a fistulous opening the size of a pin's head. It had existed ever since the extraction of a tooth ten years before. There was no soreness in the neighbourhood, and, further than the annoyance of the discharge from it, it gave no uneasiness; it was therefore deemed unadvisable to meddle with it. Six months after this, a swelling commenced just above this opening, and upon its being lanced a dark yellowish crown of a tooth fell out, evidently the posterior temporary molar. More than a year has now elapsed, and the person continues perfectly free from the neuralgia.

Dec. 10.—Apoplexy—Cases—Question as to the Propriety of Bleeding.—

Dr. J. M. WARREN mentioned three cases that had been observed by him the week before. He exhibited a brain showing a large cavity in the left hemisphere, capable of containing a half pint of fluid, with another small effusion just above the pons Varolii. The specimen was taken from a small, active man, seventy-one years of age, of spare habit, and always living abstemiously, who was attacked with apoplectic symptoms and paralysis of the right side, after a walk before breakfast. The pulse was small; the senses were recovered in a very slight degree; but the patient gradually sank, and died in about twenty hours after the attack.

In a second case, of a gentleman, gouty, and of a very full and plethoric habit, attacked with violent convulsions of the right side of the body, Dr. W. employed a large venesection with relief. Apoplectic symptoms supervened in the course of the day. After a blister to the nape of the neck, and active purgation, recovery began, and the patient has continued to improve.

In a third case, the paralysis was relieved by purgation, and then returned; bleeding seemed indicated, and was employed with benefit. Dr. W. asked whether bleeding in apoplexy is considered as much the rule in practice as formerly?

Dr. Homans thought that the majority of cases were better without it. This view was concurred in by Drs. Jackson, Coale, and Lee (Dr. C. A. Lee, of New York, present by invitation), who mentioned cases confirmatory of the opinion.

Dr. Lee thought Dr. Watson's rule for bleeding, drawn from the indications furnished by the condition of the pulse, a very good one. When the pulse is small, bleeding is contra-indicated.

Dec. 24.—Excision of a Portion of Lower Jaw for Malignant Disease—Recurrence of the disease, internally and externally—Death.—

Dr. PARKMAN exhibited a portion of the lower jaw, supporting two bicuspid and two molar teeth. The appearance of the specimen was peculiar, showing a radiated periosteal deposit between that membrane and the bone, which was seen well defined in the centre of the sawn piece. The length of deposited spiculae was about one-eighth, or more, of an inch, giving a fusiform shape to the whole tumour. The patient was a boy of fourteen, of a feeble constitution, whose parents are living, and without any known cancerous predisposition. In June last, a molar tooth was observed to be loose, and was extracted. Soon after, the bone was found to be enlarged, and a disagreeable discharge took place from the socket. Six weeks after the first symptoms, the enlarged portion was removed by Dr. Parkman. The wound healed, and with but little deformity. The patient was apparently slowly regaining strength, when, about the first of October, a tumour appeared in the upper and outer part of each orbit, one of which, however, diminished considerably, after having increased. Afterwards, other tumours appeared over the trunk and scalp, and somewhat on

the limbs—not very numerous nor large. One or two of them were of a dusky red, but the others not at all discoloured, nor tender, but adherent to the skin. The skin was somewhat yellow; there was great pain in the back and abdomen, but no vomiting; and he gradually sank, much emaciated, in December.

After death, there was found a large carcinomatous mass, connected with the large curvature of the stomach and first few inches of duodenum, having the pancreas completely buried in it, and closely connected with the spleen. The whole mass, as exhibited, was about three times the size of the fist. The structure of the mass was dense, whitish, not uniform, apparently partly glandular, and partly diseased cellular tissue, some portions pearly, with some traces of minute ecchymosis, distinctly encephaloid, and when microscopically examined by Dr. P., the usual appearances had been found. Nowhere any colloid tissue; there was also a large amount of the same disease about the root of the trachea, extending up the neck, apparently in the glands.

No morbid deposit in any organs except the heart, upon the surface of which were several small deposits in white, circular, slightly elevated spots, about four lines in diameter. The spleen was greatly enlarged, its vein being entirely obliterated in its passage through the tumour.

The gall-bladder was also immensely distended, its duct being compressed in its passage through the large tumour.

The subcutaneous tumours were similar to the rest of the disease in structure.

The specimen of the jaw preserved in the society's cabinet is curious, as presenting what would be considered merely a periosteal osseous deposit; its malignancy being proved by the subsequent result of the case.

Dec. 24.—Unusual Form of Laryngitis.—Dr. JACKSON showed the specimen, in which the entire lip of the glottis upon the left side was very much swollen, fleshy to the feel, and of a bright red colour, except upon the summit, where there was a defined, brownish, soft slough, three or four lines in diameter, and extending to some depth. The subjacent tissues were either of a deep red colour, or yellow from the infiltration of something like very thick pus. The disease at this part was so defined that the lip of the glottis upon the other side was perfectly healthy. The cellular tissue was also of a deep yellow colour, as if infiltrated with thick pus, about the muscles of the neck, beneath the upper two-thirds of the sternum, and for three or four inches downwards between the œsophagus and the spine. In each pleural cavity there was an effusion of pus and lymph with some serum, and the lower lobe of one of the lungs was compressed by the fluid and in a state of intense congestion. Surface of body somewhat icteritious, as is often the case when there is inflammation about the base of the right lung; and in connection with the icterus there were some appearances of ecchymosis internally. The patient was a man of robust health, fifty-two years of age, and was attacked on the 8th inst., without premonitory symptoms, and without any known

cause. Severe constitutional symptoms, with sore throat, from the commencement; the respiration, however, not being stridulous, and the voice not entirely extinct. Over the lower and front part of the neck there was a marked tumefaction, and the formation of an abscess was anticipated; but the swelling afterwards diminished, and, as the patient said, "the disease seemed to have gone lower down." Pleurisy never suspected. Before death, which occurred on the 14th, there was a suppression of urine, but nothing was found in the kidneys.

January 14.—True Aneurism of the Heart.—Specimen exhibited by Dr. JACKSON. The patient was a large and very fleshy man, fifty-two years of age. On the 29th ult., twelve days before his death, he was attacked in the street with a pretty severe pain across the lower front part of the chest; this soon passed off, but recurred two or three times, and again the next morning, when he sent for his physician; the pain extending down both upper extremities to the hands, and continuing more or less for the first five days. Patient was never confined to his bed, but kept the house till three days before his death, when he came into the city from an adjoining town, and went to his counting-house; felt himself worse after this, but was out on the two following days. On the next morning (10th inst.), whilst dressing, his wife left him for a few moments, and, on her return, found him lying upon the floor, and just dying. From the first of his attack he had complained of languor and chilliness, with want of appetite, but there had been no fever, and no marked dyspnœa; pulse feeble, but not otherwise remarkable. The previous health of this patient was good, though he often expressed a conviction that he should have disease of the heart, inasmuch as his mother and three of his brothers and sisters had died instantaneously; several others of the family, which had been quite large, having also died after only a few days' illness. No examination was made in the above cases; but, if the cause of death had been found in the heart, the coincidence, Dr. J. remarked, would have been in accordance with what had been observed here in other cases.

On dissection, there was found a very marked dilatation of the left ventricle towards the apex and right side, with a slight enlargement externally, but nothing that could be called a tumour. Internally, the sac, as it may be called, was of a circular form, measured about three inches in diameter, and contained coagula that had evidently formed before death, though not adherent to the lining membrane, which last appeared quite healthy. The muscular substance, so far as the disease extended, had uniformly a dull, yellowish-white appearance, as if infiltrated with lymph. According to the report of a microscopist, however, no fibrin was discovered, but the change of colour was due to the presence of fat; and, on testing a portion of this substance by heat, it was found to grease the paper, though very slightly as compared with the liver, which was exceedingly fatty; the limits of this change of structure were very marked. Near the apex there was thought to be a trace of pus; and in

accordance with the appearance, to the naked eye, of lymph in the substance of the organ, there were found recent though very slight adhesions between the two pericardial surfaces as far as the disease extended. The organ was otherwise healthy, except for perforation of the pulmonary valves, which seems to be a rather common occurrence. The lungs also were quite healthy, a fact which, in connection with a fatty liver, is not unfrequently observed here. Dr. J. remarked that this was the fourth case of aneurism of the heart that he had seen, and that in every one the disease was situated, as usual, in the left ventricle.

Jan. 14.—*Psoriasis—Treatment by Arsenic in a new method.* Dr. CHAS. GORDON.—Dr. Gordon said that it was well known that, under the usual mode of administering Fowler's solution, this disease is very apt to return. Agreeably to the advice of Dr. Hunt, an English physician, Dr. G. had employed the remedy in the dose of five drops, thrice daily, soon *after* meals, and by this means had been able to continue the medicine for several months without any of its poisonous effects. The dose was not increased. Dr. G. has treated eleven cases by this method. Of these, seven have continued well for two years, having been under treatment for about one year. The other four have had recurrences, which were easily arrested by a renewal of the treatment.

Dr. G. had also used this method in cases of chronic eczema with good effects; but this disease is more liable to return, especially if hereditary, than psoriasis.

Dr. G. is also at present using this treatment in a case of lupus non exedens, and, as he thinks, with benefit.

Jan. 14.—*Tic Douloureux—Relief by an operation for the removal of a portion of the Inferior Maxillary Nerve, by trepanning the Lower Jaw Bone.* Dr. J. M. WARREN.—The patient was a lady fifty-nine years old. Eighteen months since, Dr. J. C. Warren removed a portion of the inferior maxillary nerve by trepanning the body of the jaw, and afforded her relief from an excruciating tic douloureux of three years' standing. She had no recurrence of the pain for a year. Six months since, the sufferings returned, and continued so severe that she finally became confined to the bed, and was unable to eat or speak without causing a paroxysm of pain. The pain commenced in the lower jaw, and always at the same spot, and then extended over the whole side of the face.

Dr. J. M. Warren, on being applied to by her son, a medical man, who stated that it was indispensable that something should be attempted for her relief, suggested trepanning the ramus of the jaw and removing a portion of the nerve where it enters the foramen. This was readily agreed to. The operation was followed by entire relief, and the patient is now well.

Dr. W. exhibited a bone (the sub-maxillary) with a hole made by the trephine at the point of the entrance of the nerve, and described the opera-

tion. An incision was made from the sigmoid notch down to the edge of the jaw. The parotid gland was raised and turned to the outside. The lower portion of the masseter muscle was now dissected up, and a portion of bone removed by means of the trephine and chisel. The nerve being now fully exposed, half an inch was excised. The inferior maxillary artery was cut and tied.

There was a slight discharge of saliva from the wound, owing to the interference with the parotid, which lasted five or six days.

Jan. 28.—Malformed Heart.—Dr. JACKSON exhibited a specimen showing a direct opening between the two auricles, of a circular form, more than half an inch in diameter, and situated just above the mitral and tricuspid valves, which were somewhat imperfectly developed. Three or four direct openings also were seen through the fossa ovalis. Heart rather large, but otherwise normal; as were the other organs, except for the large intestine, which hung freely in the cavity of the abdomen as in early foetal life. The subject of this case was a male child, five months old, and died of pneumonia after a few days' illness; it was stunted in its growth, and had been subject from birth to paroxysms of dyspnoea, in which it was often livid; pulse rapid, small, and irregular, the case having been always regarded by Dr. M. S. Perry, the attending physician, as one of malformation.

Dr. J. remarked that, however often inter-ventricular opening had been met with here, he had never before seen a communication between the auricles that was independent of the foramen ovale.

Dr. J. also related a second case of malformation of the heart, the specimen having been shown to him by Dr. F. S. Ainsworth. The two auricles were of the usual size, but communicated largely through an open foramen ovale. Left ventricle about as large as the right and left together should be. Right ventricle so small that it would not have contained half a drachm of fluid; opening into it from the left ventricle perhaps two lines in diameter, but none whatever from the right auricle. The pulmonary artery arose from the right ventricle, such as it was, and was of full size; one of the valves, however, being very imperfectly developed. The child was eight months old, and well nourished. Subject from birth to paroxysms of dyspnoea, occurring once or twice every twenty-four hours, and lasting for an hour or two, with lividity of the lips and fingers, though at other times the colour was sufficiently natural.

Jan. 28.—Fistulous opening after removal of a Tumour from the space between the superior clype of the Orbit and the Upper Eyelid. Dr. BETHUNE.—The tumour was removed from the situation above mentioned, four years since; it was then of six weeks' standing; the incision suppurated and continued to discharge. About a year and a half since it closed, and wholly ceased suppurating; there then occurred pain—at the end of a month the suppuration returned, and has since continued—a fistulous opening remained, only large

enough to admit one of Anel's probes; the bone of the orbit was found to be diseased, over a very small space. Dr. B. discovered this on the 6th of January, and then laid it open by an incision, and a tent was inserted; on the 12th of January it was entirely covered—no diseased bone could be perceived. Dr. B. had never seen a case before, of this nature. He mentioned a case, where Mr. Lawrence, of London, on opening a fistula of this description, ascertained that a portion of the sac of the removed tumour, which had been allowed to remain, was the cause of the non-union of the incision; but in that instance the tumour was congenital and adherent to the bone, as they always are in this region, so far as Dr. B. had observed. In this case, Dr. Bethune considered the diseased bone as the sole cause.

Jan. 28.—Vicarious Menstruation in the course of Nursing.—Dr. CHAS. E. WARE related the case of a female, forty years of age, who, about ten years since, had severe pneumonia. Soon after, she was married, and has since had five children. During each period of nursing, her menstrual function was regular, appearing first about a month from the date of her confinement. She has always had some trouble at the apex of right lung since the attack of pneumonia. She was confined, the last time, in April, 1849. Just a month from her confinement she had hemorrhage from the lungs; the quantity of blood was about a tablespoonful; the sputa were also constantly tinged with blood; she had night sweats and cough. These attacks of hemorrhage, &c., replaced the ordinary menstruation, after the precursory phenomena usually noticed at the monthly periods. She has had these attacks every month since. The last access seemed to weaken her more than those that occurred previously.

There is some dulness on percussion, and a rude expiration at the apex of right lung, but the disease does not seem to make any progress. Just before her last confinement, her husband was killed suddenly by an accident. Notwithstanding the great shock thus occasioned, she went her full time.

Feb. 11.—Melanosis of the Eye.—Dr. BETHUNE reported the following case. The patient, a healthy farmer, sixty-five years of age, entered the Eye and Ear Infirmary under his care. Twenty years ago, he first observed a red spot at the outer angle of the left eye, wedge-shaped, and with the apex towards the pupil, as in pterygium. For fifteen years it was stationary; but five years ago it began to grow, and at the end of one year he was only able to discern the light. Pain came on, when the disease began to increase, and was severe for the first two years; it was then less again till last autumn, since which time it has increased, being occasionally severe and darting, and at times dull and heavy.

On examination, the right eye is well. Lids of left eye separated by a black, smooth, but irregular mass, projecting from the anterior third of the ball, and compared to a pecan-nut with the base outward and the anterior half cut off. A few days after his admission the eye was removed, and at the end of a week the parts were healing well, and he was discharged. The eye seems to be healthy, except for the tumour, which does not involve the internal parts.

Under the microscope, Dr. H. J. BIGELOW had observed the following appearances: "First, numerous cells, apparently epithelial; secondly, numerous cells, of irregular outline, enlarged by a power of five hundred diameters to the size of a five-cent piece, and containing sub-cells and nuclei; also some of a marked caudate figure. These, with others decreasing to simple nucleated cells, with one or two nuclei, the diameter of which cells were only three or four times that of blood corpuscles, were probably cancerous. And to account for the black colour, the whole field was filled with granules, often aggregated into masses resembling Gluge's granulation cells; which last, however, may have been the product of independent inflammation."

Feb. 11.—Imperforate Vagina.—Dr. J. B. S. JACKSON exhibited the specimen which he had removed this afternoon, and gave the following account of the case. The patient was a respectable unmarried female, twenty-five years of age, and well developed in regard to the signs of puberty; the catamenia, however, had never appeared, and for this she was for a long while treated in former years. Seven years ago, the physician, under whose care she has since been, was called, and found a tumour in the middle of the abdomen, rising some way above the umbilicus, and feeling altogether like a distended uterus; upon each side of this, and extending towards the groins, was an elongated and much smaller tumour. On examination by the rectum, the cavity of the pelvis seemed to be filled by a tumour as large and solid as the foetal head. The external and internal labia were well formed; but on separating the latter there was found to be a complete closure of the vagina. The lateral tumours since that time have been about stationary, but the central tumour has varied somewhat in size. Meanwhile, the patient had suffered severely from bearing-down and other pains about the pelvis, with considerable dysuria; the general health, however, was tolerably good, her death at

last being rather sudden, and connected with some oppression about the chest, the cause of which was not ascertained on dissection. In regard to an operation, which seemed to have been so imperatively required, a consultation was held with two or three professed surgeons when the occlusion was discovered, but the opinions were against it.

On examination after death, the tumours were found as above described, and also the external organs, except that at the seat of the occlusion there were three longitudinal folds, looking not unlike the internal labia on a small scale. The parts having been then removed, the uterus and vagina were found to be immensely distended, and on incision there were discharged three pints of a dark-red, inodorous fluid, resembling venous blood, and without a trace of coagulum. The two cavities are of about equal size, with a very marked contraction midway, corresponding with the os uteri, which, however, is in a good measure effaced. The parietes are about one-third of an inch in thickness, and quite dense; muscular structure of uterus developed, the inner surface being nearly smooth and without any trace of arbor vitae; vagina less smooth internally, and thickness of parietes as great at the seat of occlusion as at any other part; the whole thickness of the fleshy mass that separates the vagina from the vulva being probably not more than half an inch.

The Fallopian tubes, which formed the lateral tumours felt during life, are



distended in proportion to the uterus itself, except at their origin; the openings upon the inside of the uterus, however, being large enough to admit a small probe. The further extremities terminate bluntly, and the general outline of the tubes is irregular and knobbed. Upon cutting one of them open, it is seen to be filled with an uniform, inodorous deep brown substance, not very unlike, though harder than, indurated feces. The parietes are thin but quite dense; and towards the uterus the cavity seems as if divided into numerous compartments by transverse partitions. There are also connected with the external surface of the tubes small cysts, filled with a material similar to that found in the tubes; and in the omentum, which adheres partially to the tubes, are found one or two other cysts, besides numerous very small deposits scattered over its surface, and looking not unlike the result of melanosis.

The ovaries are rather large and smooth, and one of them contains a cyst about the size of an almond.

On the following day, the uterus and vagina having been distended and the incision nicely closed, a very accurate and highly finished drawing was made of the parts for the Society, by Dr. J. C. Dalton; and from this the accompanying wood-cut has been taken.

Feb. 11.—Aneurism opening into the Trachea. Reported by Dr. MINOT.—The patient was a female, thirty-six years of age, who had had dropsy for fifteen years, and diseased heart for the last four. Five weeks ago, there was noted a hoarse cough, dyspnoea, wheezing, and at nights orthopnoea, but without expectoration or palpitation. These symptoms increasing, she was suddenly seized with extreme dyspnoea, the inspiration being easy, but the expiration laboured and rattling; pulse 160, and very feeble; whole chest resonant on percussion, but with sonorous and sibilant râles in every part. From this attack she revived, after a copious expectoration of clear, viscid fluid; but soon had a second. The respiration continued somewhat rattling, and always had a peculiar tubular sound, which could be heard at a distance from the bed; she complained, also, constantly of a sense of oppression in the trachea. Nine days before her death there came on pleuro-pneumonia; but this seemed to be subsiding, when, after a slight fit of coughing, a torrent of blood poured from the mouth and nose, and she died instantly.

The specimen being shown by Dr. M., there is seen to be some ill-defined dilatation of the arch of the aorta, with disease of the parietes, but nothing that can be called a sac; upon the inner surface of the artery at this part there is a deep ulcer, four or five lines in diameter, and this had burst into the trachea just above its bifurcation; a red, fleshy little mass projecting into this last at the seat of perforation. The bronchi were full of coagulated blood, and there was also found pneumonia, pulmonary emphysema, old pericardial adhesions, and ascites.

Feb. 25.—Laryngitis.—Dr. JACKSON showed the specimen, received from Dr. GEO. H. GAY. It was taken from a woman who was attacked very suddenly, and died in two days; she had aphonia, very urgent dyspnoea, and dysphagia so severe that she was almost convulsed on attempting to swallow. She had been attending upon her sister, who had erysipelas following the removal of a cancerous breast. There is a yellow appearance of the cellular tissue, as if from an infiltration of pus, though scarcely any can be forced out, affecting the upper part of the larynx, and extending downwards about the oesophagus as far as where the parts were cut across, the throat only having been examined. The glottis is soft, and not excessively swollen; and upon one side is an appearance upon the surface as if a slough was about to form; the mucous membrane being otherwise unaffected. Dr. J. remarked upon the striking resemblance, in regard to the anatomical appearances, between this case and one reported by him a few months since (see last number of *Journal*); the same appearances he had also found, though to a much less extent, in the case of our lately deceased member, Dr. John D. Fisher. (See *Boston Med. and Surg. Journ.*, March 13.) He also remarked upon it as an interesting fact, in relation to any question as to the nature of the inflammation in the above case, that a third sister has been attacked with erysipelas since the death of the second, but is likely to recover.

Feb. 25.—Paracentesis in Acute Pleurisy.—Dr. HOMANS reported the case which he had recently seen in consultation with Dr. MORRILL WYMAN, of Cambridge. The patient was a healthy woman, and the operation was done on the twelfth day of the disease. There was great pain, and such urgent dyspnoea that she had been unable for some time to lie down in bed; with enlargement of the side and other physical signs of effusion. An exploring needle having been passed in by Dr. W., about an inch below the left scapula, $\frac{3}{4}$ viij of serum were drawn off, but no pus; and with such relief that the patient was able to sleep comfortably that night, in the horizontal position. Two or three days afterwards about half as much more was drawn off, and recovery soon followed.

Feb. 25.—Fatty Liver.—Dr. HOMANS reported the case, which occurred in a child between three and four years of age. When about nine months old, it began to grow quite fleshy, and continued so ever afterwards. Previously to this the liver had been felt to be enlarged, and at the time of death it occupied the whole cavity of the abdomen. The organ, which is shown, is of a very uniform, pale fawn colour, smooth upon the surface, and greasing the scalpel; $\frac{3}{4}$ ss of oil was also shown, which was obtained from $\frac{3}{4}$ iv of the mass. The child's health was sufficiently good, except that it was subject to attacks of spasmodic dyspnoea; and it died at last from pneumonia.

Some years ago, another and rather older child in the same family died with an immense liver, but the organ in that case was dark-coloured, quite

hard, and apparently granulated. There is still a third child, now living and about six years old, with enlargement of the organ. The parents and two other children appear to be healthy.

A fractured femur was also shown, from the subject of the present case. The bone was broken in the early part of the summer, and again in November at the same place, and each time the union appeared to be strong. The fracture is just below the trochanters, very oblique, and firmly united, though the bone is still somewhat vascular; appears somewhat as if it may have been only partially broken. Dr. J. M. WARREN, who attended the child in November, is confident that the fracture was then complete.

Feb. 25.—Pleurisy followed by Pneumothorax and Gangrene.—Dr. C. E. WARE reported the following case: A young man, thirty-three years of age, was taken January 30, 1850, with chills, cough, loss of appetite, and some dyspnoea. He kept about till February 2, when pain occurred in left side, greatly aggravated on full inspiration was first examined by Dr. Ware; Feb. 4th. He then had a pulse of 84. His tongue was thinly furred, and pasty. He had a sharp pain under the sixth rib, with considerable dyspnoea. There was less respiration in the left back and front than in the right. When up, dull on percussion behind. When lying down, greater resonance on percussion over cardiac region than on corresponding part of right side. There were no bronchial sounds nor râles. Very little cough, and only an occasional expectoration of thin transparent mucus, without stain.

6th. His pulse had reached 108. His expectoration was about an ounce in the course of twenty-four hours, consisting of tenacious mucus with a few blood stains.

On the 8th, he had become entirely flat on percussion at the base of the lung, both before and behind, and there was an entire absence of respiratory sound. His pulse was 112.

10th. His gums were little affected by blue pill, and there was some wandering during the night.

13th. Had a good night; pulse 100. Expectoration very small in quantity; transparent mucus with a few stains of fresh blood; no wandering. Puerile respiration and resonance on percussion in right back; perfectly flat, and no respiratory sound below the spine of scapula in left back, which is more full and rounded than right.

14th. At about twelve o'clock in the night, without any previous warning, or change in his symptoms, he was seized with a violent paroxysm of coughing, and began to expectorate pure pus, of which he raised in the course of two or three hours a pint. In it there were a few specks of blood. It was attended with great dyspnoea, obliging him to sit up. His countenance became quite sunken. His pulse rose to 124. No respiratory sound heard in left back; in front heard as low as third rib. Respiration clear, without râles; puerile on right side before and behind.

15th. Pulse 104. Expectoration of a pint of pure pus in the twenty-four hours, without fetor; cough frequent, easy, loose; mind clear.

16th. Had another attack of copious purulent expectoration—a pint in two hours; pulse 120; great dyspnoea; pus more liquid and fetid; coarse mucous râles under left clavicle.

18th. Pulse 112. Expectoration less in quantity, and thicker. Under both clavicles resonance on percussion greater than natural in the erect position; about equal on the two sides. He sleeps very well in the erect position.

23d. Pulse 108. Expectoration much diminished, of a less purulent character, more thick and tenacious; respiration pretty easy in a horizontal position, which he tried yesterday for the first time since he began to raise the pus; cough much less severe.

25th. Loud friction sound over the left front above cardiac region.

28th. Emaciation very great; expectoration small in quantity, very liquid, fetid pus; respiration more laboured; a strong expiration, with some râle over upper part of right front. Great resonance on percussion over whole back on both sides, in a reclining position. Under the left clavicle in front, a very clear respiratory sound, *so closely resembling a cavernous sound** as to make me doubt if it was not so, not being able to tell it by the voice.

March 1st. No purulent expectoration; only about an ounce in the twenty-four hours of adhesive mucus; pulse 101; general aspect better.

3d. Pulse 116; respiration more laboured; expectoration purulent, of a more unhealthy colour and character, and a decidedly gangrenous odour; over the nates there is a commencing slough.

7th. Pulse 100; tongue clean and moist; slough on back is thrown off; expectoration small in quantity, and mucous, except when he is disturbed, when he raises a thin, dirty, fetid pus, hawking and spitting it out with very little cough or effort.

8th. Through the day he gradually failed, and without the occurrence of any new symptoms, died early on the morning of the 8th.

The treatment was in the commencement, leeching, antimony and mercury; and after the occurrence of the pneumothorax, stimulants and tonics. The autopsy, owing to circumstances, was made in a hasty and rather unsatisfactory manner. The chest only was examined. In the left pleural cavity, there was by a hasty measurement about forty ounces of thin, fetid, dirty pus. The lower lobe of the left lung was entirely carnified by compression. The upper lobe in front and at apex was vesicular and healthy, distended by air to an almost emphysematous degree. Posteriorly, at about an inch and a half to two inches from apex, there was a ragged opening in the pleura, around which for an inch or more the lungs had a gangrenous appearance. No

* From the post-mortem condition, this was evidently due to the healthy lung, floated up to this point by the fluid in the chest, and rendered almost emphysematous by compression.

tubercles or traces of tubercles could be discovered in this lung. There were a few adhesions about the lower lobe and at the apex of the upper lobe.

In the right pleural cavity there was no effusion; a few adhesions. Towards the apex of the upper lobe of the right lung there was a group of tubercles. The lung healthy around them. There was quite extensive pneumonia of the middle and lower lobe; hepatization, but apparently recent in occurrence.

This case was one of simple pleurisy with effusion in the outset, in a man who had never presented any signs of tubercles, and whose family were none of them phthisical. Until the fifteenth day from the attack, there was nothing peculiar in the course of the disease, and there was no reason to anticipate anything unfavourable. Then he was suddenly attacked, without the least warning, with violent cough, extreme dyspnoea, and most profuse expectoration of pus. The pus, as he raised it, was quite liquid, like that found in a close serous cavity, but became thicker on standing. On the 17th it had become quite fetid. From this time he continued on the whole rather improving to the twenty-ninth day from his attack, the amount of expectoration varying very much—sometimes scarce anything for twenty-four hours, and then suddenly very copious. When very small in quantity, it was simple transparent mucus. When there was any considerable amount, it was thin, fetid pus, similar to that found after death in the pleural cavity, showing distinctly its source by its character. From his general symptoms and from the physical signs, it is probable that on the twenty-ninth day the pneumonia on the right side began under which he sank and died. On that day was also first noticed the gangrenous odour in his expectoration. The occurrence of pneumothorax except by tubercle, is extremely rare. In the present case it probably occurred by tubercle, although none could be discovered, nor anything which indicated its previous existence. The gangrenous, ragged condition of the lung might easily have effaced or concealed any trace of it. The existence of tubercle on the other side adds to the probability of there having been tubercle on this also, when it is so difficult to explain the accident in any other way. The gangrene would not explain it, as that could hardly have occurred in much less than ten days or a fortnight after the communication with the pleura took place. There was no odour to indicate it, and the pus at the commencement was perfectly healthy in its character, contrary to what one would expect to find in contact with a surface undergoing the process of gangrene. The gangrene of the lung, the slough on the back, and the pneumonia on the right side, all began apparently at about the same time.

March 11.—Vesicular Disease in a New-born Infant.—Case reported by Dr. BETHUNE.—The disease appeared on the second or third day, and lasted about a week. Upon the upper extremities the vesicles were quite numerous, and about as large as the head of a pin; but upon the abdomen, where there were only a few, they were probably from four to six lines in diameter.

There was little or no redness about them, and they at last dried up, causing meanwhile nothing more than a little fretfulness.

March 11.—Painful Cutaneous Tubercle.—Dr. J. M. WARREN reported the case of a female, thirty years of age, who had a small, projecting nipple-shaped tumour on the skin of the right nates. It was of five years' standing, and she complained greatly of the suffering, it being of the most insupportable kind, and occurring in paroxysms. At these periods she would not allow any person to come near her. Entire relief followed its removal. Its texture was fibrous, and no cancer cells could be detected in it under the microscope. The character of the pain was the same as that observed in the *subcutaneous painful tubercle*.

The wound was examined, after the excision of the tubercle, for the purpose of discovering if any nervous filament had been pressed upon by it, but none could be detected.

March 11.—Tumour of the Orbit. Dr. J. M. WARREN.—Dr. Warren first saw the patient two months since, in company with a distinguished physician of a neighbouring town. The history of the case is as follows:—

The patient is sixty-nine years of age, tall, and, with the exception of the present disease, healthy. Four years ago, after exposure to a current of cold air on his face while sitting at a lecture, he felt a soreness at the upper part of the orbit of left eye. Shortly after, a swelling appeared at this spot, and this, increasing, gradually filled up the socket, forcing the eye from its situation, so as to project it forwards and outwards, and prevent vision, except of objects on that side.

The surface of the tumour was irregular, and covered by enlarged veins. It was tense, elastic to the touch, and its appearance at first was that presented by encephaloid disease when making its way out from the interior of the cranium.

In the course of two months it had increased one-third. On a careful exploration of the tumour, an indistinct feeling of fluctuation was perceptible. There was, also, projecting from the upper part of the socket, a small shelf of bone which seemed to enter and be incorporated with its parietes. This led Dr. W. to the belief that it might be periosteal, and an exploratory operation was advised.

The patient being etherized with chloric ether, an incision was made through the skin and orbicular muscle of the eyelid. This at once disclosed a sac with an osseous deposit in its parietes, which, on being punctured, discharged about four ounces of fetid pus. The finger being now passed into the cavity, discovered, below, a bony sac, which as far as was practicable was dissected out and removed. On carrying the finger upwards, no resistance was encountered until it reached a distance of two inches above the margin of the orbit.

The pressure of the fluid had apparently caused an absorption of the lower wall of the frontal sinus, and forced upwards that portion upon which the anterior lobes of the brain repose. Two openings could be distinguished within the cavity, one leading into the right frontal sinus, the other communicating by a very minute opening with the nasal cavities: the interior was lined with a delicate membrane.

After being once emptied, the cavity became again filled with pus, coming, as was supposed, from the other sinus.

The patient bore the operation well, and, when seen some hours afterwards, was quite free from pain, and without any unpleasant symptom.

It was estimated that from six to eight ounces of pus escaped from the tumour in the course of the day. This patient was heard from on May 7th, nearly two months after the operation. His physician states that some days after the operation the discharge was "immense." Since this, it has gradually decreased. The eye has nearly regained its natural position, and he sees as well as ever. His health is unimpaired.

March 25.—Chronic Ulcer of the Stomach. Reported by Dr. W. T. PARKER.—An Irish tailor, aged twenty-one years, came to this country five years ago. Previously healthy, he had an attack of vomiting on his way to the emigrant ship. He remained in the harbour six days before sailing, without any return of it, but during a voyage of seventy days it occurred almost incessantly. He landed in Nova Scotia, where the vomiting continued, in spite of any medical treatment. For six months he vomited almost daily; and, during that time, was never free from that symptom for more than a fortnight. At first, there was nothing peculiar noticed in the character of the matters vomited; after some time it resembled in appearance coffee-grounds. The stomach was remarkably distended, having the appearance of a large tumour before the act of vomiting, which would occur very suddenly, the quantity discharged often amounting to from four to six quarts. During all this time his appearance was slightly anemic, his appetite and strength moderately good, his bowels sometimes costive; the swelling of the stomach giving him uneasiness rather than pain. At times able to attend to his trade; often interrupted in it by the exhaustion of vomiting.

Dr. P. saw him first fifteen months ago, and procured for him a free bed at the Massachusetts General Hospital. There he remained under treatment four weeks, and was discharged not relieved: the vomiting continuing as profuse and exhausting as ever. He came under Dr. P.'s treatment March, 1849, an aggravated condition of all the above symptoms then existing. *Syr. ferri iodidi* gtts. x, *ter in die* sumend. was prescribed.

The vomiting ceased immediately, and strength began to return.

He persevered in this treatment through the summer months, with such relief as to be able to work at his trade, and from the administration of the first dose of iron, had no return of vomiting at all, till late in December, when

a slight attack occurred. This was again relieved by the same treatment. During the winter of 1849-50 he had two or three attacks of the same. * *

March 24th, 1850. Called to him again. Has had a violent return of vomiting, attended with unusual pain in the abdomen and swelling. He was partially relieved by the warm bath, but collapsed and died in twenty-five hours after his last attack.

On examination, found the abdomen distended by air, and containing nearly two gallons of fluid similar to that vomited. Stomach very greatly enlarged, and coats very much thickened, especially towards the pylorus. In the lesser curvature, one inch from the pylorus, was discovered an ulcer four lines in diameter, which had entirely perforated the stomach, and near it a smaller one which had perforated the mucous coat. There were considerable adhesions between this part of the stomach and the gall-bladder. Further examination was prevented.

March 25.—Poisoning by Nitric Acid.—Dr. J. M. WARREN reported the case as follows: The patient was a negress, thirty-four years of age, of abandoned character, and took the acid at 6 P. M. on the 3d of March, thinking that she was three months pregnant, and wishing, she said, to destroy her child. The quantity taken into her mouth was reported to be ζiij , but most of it was spit out. Alkalies and mucilaginous drinks were used, but the burning in the mouth was intense through the night, with restlessness and delirium. The next morning she was brought from the jail, where the acid was taken, to the hospital. Yellow stains were then observed upon the clothing, and the whole inside of the mouth and fauces, so far as could be seen, was of a deep yellow colour, the tongue looking as if covered with Indian meal; the respiration being painful, laboured, and stridulous, and speech almost impossible. Extremities cold, countenance of a leaden hue; pulse 120, and very small. For the first four or five days after her admission she suffered from soreness of the mouth and throat, dysphagia, thirst, and salivation, with some vomiting; she also complained of tenderness of the abdomen, but not particularly over the stomach, walking with difficulty and bent much forwards; but this was perhaps owing to her having been thrown down and stamped upon, in an affray, on the day on which she took the acid. After the first day or two she was much of the time up and about the ward; at the end of a week she was reported quite comfortable, and having some appetite; and on the 14th of March, as she was doing well, she was removed back to the jail, there never having been any fever, but rather a state of depression. On the morning of the 16th, she was attacked with cramps in the stomach, and excessive pain and tenderness, which were partially relieved by opiates; on the following morning, however, she was found dead in her cell, with a great quantity of blood in the bed about her, and which she had apparently vomited.

On dissection, there was observed great rigidity; upon the middle of the tongue a large, yellowish, smooth patch; some redness of epiglottis; œsopha-

gus healthy for the first two inches; but below this it was found exceedingly soft, of a greenish yellow colour internally, purple externally, and full of coagulated blood. The stomach was in a similar, though much worse state; externally, it had the same purple colour, and was universally adherent to the neighbouring parts by recent lymph, except at the left extremity, where there were old and close adhesions to the spleen; internally, it was of a greenish yellow colour, emphysematous, and so perfectly softened and friable that it could not be separated from the surrounding parts without giving way in every direction; the anterior face being detached from the rest of the organ to a great extent when the abdominal parietes were raised; cavity filled with recent, coagulated blood, and the open orifices of several vessels distinctly seen on inner surface. The intestine contained blood throughout the first two or three feet, but was otherwise well, as were the other organs, so far as observed; uterus not gravid.

March 25.—Tumour within the Larynx.—Dr. JACKSON exhibited the specimen, which he had received from Dr. AUGUSTUS MASON, of Billerica. The patient was a man about fifty years of age, very fleshy, and in robust health, except for the trouble in the throat. For twelve years or more there had been hoarseness, with wheezing, and for the last two or three years complete aphonia; there was also much dyspnoea on over-exertion, and, when asleep, a distressing noise as from impending suffocation. His death at last was rather sudden, and seemed owing to congestion of the lungs. The tumour is about seven lines in diameter, well defined, of a rounded form, rough on the surface like a syphilitic wart, fleshy in consistence, and having a somewhat fibro-cellular appearance on incision. Its situation is just below the ventricles of the larynx posteriorly, and it is attached upon each side broadly and to about an equal extent, the intermediate portion being free.

The following microscopic appearances were observed by Dr. W. J. BURNETT: "The primitive original basis of this formation supposed to be an epithelial structure. Pavement epithelial cells of various ages were everywhere plentifully present, being folded in by fibrous tissue; which, as an hypertrophy of that normally belonging to the part, is always liable to accompany the abnormal production of simple individual cell-structures, forming the material basis on which the latter rest."

March 25.—Hydatid Degeneration of Ovum.—Specimen exhibited, and the following report of the case made by Dr. PUTNAM.—The subject of this case is a young married woman. Her last child born three years ago. Menstruation since that time regular. Last menstruation occurred during last week in November. During the following three months, suffered from pain in the back, bearing down, and copious leucorrhœa. There was also an unusual degree of chilliness, which made warmer clothing necessary. The above symptoms were aggravated at the periods of expected menstruation. She was

positive that she was not pregnant, because her sensations were different from those she had usually experienced during gestation.

On examination, at the end of the second month, the body of the uterus was decidedly enlarged. No special change in the neck. At the end of the third month the enlargement was found to have subsided. On the fifteenth of March—at the middle of the fourth month—hemorrhage occurred. At first very slight, but gradually increasing and attended with pain until the twenty-third, when the hydatids were discharged. Hemorrhage continued more urgently until checked by the use of ergot, but did not entirely cease for three weeks.

The hydatid cluster would more than fill a half pint bowl—the separate vesicles being of various sizes, from a pin's head to half an inch in diameter. The usual term hydatid has been employed, but it is well known to be a vesicular disease of the ovum, resembling hydatids only in external form. In this case no foetus was detected, but the deciduous membrane was perfectly distinct.

Dr. Burnett having examined some of these cysts microscopically, found the parietes to consist of a simple aggregation of minute granules, such as constitute the primary cell membranes, but neither fibrillæ, fibres nor vessels; the structure being quite different from that of cysts in general. The liquid contents he found to be hyaline, and, in the larger ones, the granules were suspended for precipitation upon the internal surface; the action of acids showed the presence of albumen.

April 8.—Disease of the Radius after fracture.—The case occurred in the practice of Dr. ADAMS, of Waltham, who sent the following history: The patient is a healthy married woman, and belongs to a healthy family. Eleven years ago she broke the right radius near the wrist, and in about four weeks union had so far taken place that the dressings were removed; when, about eight or ten days afterwards, she fell and broke the bone again in the same place, as she supposed; she did not, however, consult Dr. A., and there is much doubt as to the second fracture. Three months after the fall she asked his advice in regard to an osseous deposition that had appeared at the seat of injury; it was then about the size of a very large bean, and from that time continued to enlarge until amputation was performed on the 25th of March. During its whole course, the disease gave very little trouble, except from its size and the embarrassment to the motion of the limb; there never having been any pain nor tenderness until last November, since which time the pain has been gradually increasing until it became so intense as to demand an operation.

The whole bone begins to enlarge just above the commencement of the lower third, and gradually; but at last forms a tumour nearly as large as the two fists; the general form being pretty regular, though deep grooves are seen in its substance, along which run the flexor and extensor tendons.

Having been sawed through longitudinally, it is seen to be a mere shell of bone, and not everywhere continuous; two or three laminae projecting a little way into the cavity from its internal surface. This cavity is filled with a soft substance, which presents two very different characters: the first and probably the most recent has a somewhat fibrous, grayish, translucent appearance, and seems to be infiltrated with serum, with a trace of extravasated blood in one or two places. The larger part of the mass, however, is made up of a yellow, soft and perfectly opaque substance, like soft custard. This last is very marked towards the outer edge of the tumour and just above the wrist-joint, where the bony parietes are destroyed, and the soft parts are shooting out. Dr. H. J. Bigelow showed a beautiful coloured drawing of the recent section; and described the microscopic appearances of the new formation, in which he found no positive evidence of cancerous disease. The ulna and bones of the hand appear to be healthy.

April 22.—Carcinomatous Tumour weighing fourteen and a half pounds, occurring in a little girl only eleven years old.—Dr. JACKSON had recently examined this case. The abdomen was immensely distended, and measured thirty-four inches in circumference. The tumour originated in the cavity of the pelvis; the uterus and rectum being intimately connected, though not buried in it; adhesion otherwise not extensive. It consisted of a solid, white, rounded mass, one or two lobes upon the surface being felt before the abdomen was opened. Internally, it presented well-marked encephaloid characters, the colour being generally white, but the consistence varying somewhat. A similar tumour, about the size of the fist, was found near the stomach, but none of the organs were affected excepting those of the pelvis; the ureters and pelvis, however, were distended, as they often are, by pressure from without. No fluid in peritoneum.

The patient had been under the care of Dr. W. Lewis, and the history of the case was obtained by Mr. S. G. Wolcott, one of his students. The child was of a lively disposition, and healthy until her fourth year, when, after an injury, she suffered from what was regarded as a scrofulous affection of the ankle-joint; but from this she recovered, and continued strong and robust until she was ten years old, when the disease returned; and though she afterwards improved, she was unable to bear fatigue. In February, 1849, she walked two or three miles out of town, complaining of fatigue, and, on her return, of great pain in the right iliac region. The abdomen was exceedingly distended; and projected, it was said, like a sugar-loaf. For a week she was confined to her bed; after which the swelling subsided, though a hard substance remained in the pelvic region about the size of a hen's egg; and this was the apparent beginning of the tumour, which afterwards constantly increased. Pain in the iliac region such that she would frequently awake in the night with loud screams; there was also some dysuria, much trouble in defecation, frequent vomiting and epistaxis, with night sweats; her appetite,

however, was strong, and her constitution bore up well under the disease, so that though her whole appearance was delicate, she was able to keep about during the winter, being confined to her bed only for about four weeks before her death.

April 22.—Friction Sound over the Liver in Ascites.—Dr. JACKSON has such a case now in the Hospital. The abdomen has been much distended, but as the fluid of late has been absorbed so that the parietes have become relaxed, the left lobe of the liver is distinctly felt for about two inches below the ensiform cartilage. If then the abdominal parietes are brought into contact with this organ, a very distinct though fine frottement is felt by the hand, and felt or heard by the ear through the stethoscope, as the two surfaces rub over each other in the movements of respiration or otherwise. The patient is an elderly man, and has no symptoms whatever of peritonitis; disease of the liver being suspected as a cause of the effusion, as it cannot be traced to the heart or kidneys, though there is no more positive evidence of the first organ being affected than of the two last.

Some years ago, Dr. J. met with this same physical sign in another case of ascites; and where it was even more marked than in the one just reported. On dissection, he examined the parts very carefully as soon as the abdomen was opened, but nothing unusual was found to explain the phenomenon; the liver was granulated, but there were no adhesions, nor any lymph to form any, upon the opposing surfaces; the situation of the frottement being the same in the two cases. Dr. J. referred to the observations of Dr. Bright in regard to a friction sound over the abdomen where adhesions are forming on the subsidence of peritoneal inflammation; observations, however, which he had never seen, and which he had never known to be confirmed here.

April 22.—Encysted Tumour; removed by Dr. S. D. TOWNSEND, and exhibited to the Society by Dr. W. E. TOWNSEND.—The patient is forty-five years of age, and is sure that the tumour had existed from the time he was a year old, if not from birth. It was situated over the middle of the sternum, loosely connected with the surrounding parts, without any discoloration of the surface or tenderness; was of a regular, ovoid form, about the size of a goose-egg, and had grown one-half within two years. The cavity was filled with a curdy, almost putty-like substance, of a dirty, brownish yellow colour, and formed into very uniform, rounded masses, about three or four lines in diameter, with some thick liquid, in which were many small, rather bright, scales. Under the microscope, this substance appears to consist principally of fat and epithelial scales. There are also a considerable number of loose hairs throughout the mass. The sac is lined by a well-marked cutis, but, to some extent, by what appears at first sight rather like a mucous membrane; this last being covered in part by cuticle. Hairs from two to three inches in length are also seen growing from the cutis; and, whenever seen, they are generally white, though some of them are nearly black.

April 22.—Encysted Tumour.—Dr. H. J. BIGELOW had recently removed such a tumour from over the upper part of the left scapula. The patient is a woman forty-nine years of age, and had had the disease for more than thirty years; occasionally it inflamed and threatened to suppurate, but generally it was nothing more than a mechanical annoyance to her. Dr. B. showed the material removed from the cysts; about five or six ounces in quantity, and resembling thick, coarse Indian-meal gruel; the greater part of it, in fact, consisting of opaque, yellow flakes, to the naked eye, and being made up of epithelial scales, as appeared under the microscope. He also showed a very beautiful coloured drawing of the parts as they appeared before the operation.

April 8.—Hydrometra. Case reported by Dr. D. H. STORER.—The patient was a large and very fleshy woman, thirty-five years of age, and weighed about 230 pounds. In June, 1849, I saw her for the first time, and received the following history: that she had been married three times, and had borne five children by her first husband, but none since. Previously to the last two years, she had suffered but little at her menstrual periods; but since then the pain at such times had been intense, and, not unfrequently, shreds of membrane had been expelled. The second night after her third marriage, about three months before the above date, she was attacked immediately after sexual intercourse with a profuse hæmoptysis; and this had repeatedly occurred upon any great effort, and generally during or immediately after connection. Had never raised blood before, never had suffered from pulmonary disease, and did not belong to a phthisical family.

For a few weeks past she had perceived a sensible swelling in the abdomen; thought herself to be pregnant, and insisted that she could distinguish the motions of the child, and that her sensations were precisely such as she had always experienced when in this situation. The catamenia, though diminished, occurred at each regular period. An examination of the abdomen was made through the dress, which, however unsatisfactory, determined me that she was not pregnant; and so I endeavoured to persuade her, but could not.

In January, more than six months after I first saw her, I was sent for, and found her in bed; complaining, as she expressed it, of all the symptoms which she formerly experienced, when pregnant, and anxiously expecting to be confined. Her abdomen was much distended; there was slight tenderness on deep pressure, and she still insisted that she felt the motions of the child. Upon examination of the abdomen, which was loaded with fat, I could detect no defined firm tumour; and I could hear no placental murmur, nor the sound of the foetal heart. The areolæ were darker, she said, than they ever had been in her former pregnancies; and milk was secreted by the breasts. The catamenia had continued to occur regularly since June, though scanty, and with great distress. Upon examination per vaginam, I found the neck of the uterus not obliterated; the body was enlarged, and yielded upon pressure,

as if no solid substance was contained within it. I again told her that she was not pregnant; gave her a drastic purgative, which operated freely, and visited her for a day or two, during which she became more comfortable.

On the 12th of March, supposing herself to be pregnant, I was again sent for. I found it was a menstrual period, and that while she was suffering severe pain, about a quart of orange-coloured fluid suddenly flowed from the uterus, and she supposed the membranes had broken. About two gallons of this fluid escaped during the following week; after which it ceased for a week; and then, during a day and night, a quantity passed, which it was supposed would fill an ordinary water-pail. For the last week (April 8th) there has been no flowing. A catamenial period is now present, and the pain she has suffered for two years is absent; she experiences no inconvenience, has diminished much in size, and weighs about thirty pounds less than she did a week ago.

April 22.—Asphyxia from Carbonic Acid Gas.—Dr. WM. T. PARKER. Dr. P. was called at 6 A. M. to two female servants, found asphyxiated in their sleeping room; mother and daughter. The daughter was in bed; and quite dead, though her body was still warm and flexible. The mother was found crouched down in the corner of the room, most remote from the bed, and under a window; entirely unconscious, and pulseless; extremities cold, pupils dilated and sensible, jaws firmly locked, countenance livid, lips pale; the only sign of life being a slight impulse of the heart felt by the hand. Cold water was dashed on her face and breast immediately, and caused slight respiration. The jaws were forced open, and some rum poured into her mouth excited a cough, and power of deglutition. Large sinapisms were applied to the extremities, friction was used, and hot brandy and water with infusion of capicum was administered. This treatment was continued with a prospect of success till 7 A. M., when the coldness seemed to increase, the respiration was less distinct, the trifling pulse which had begun to be felt was marked by subsultus, general spasms seemed to be commencing, and the abdomen, which was at first of natural size, became greatly swollen; not the least indication of consciousness had then appeared. Venesection $\frac{3}{4}$ vj. The blood seemed very fluid, and respiration became more free, but symptoms of sinking made it necessary to tie up the arm. A stimulating enema was now given, causing free vomiting with easier respiration, and a thorough alvine evacuation. The sinapisms were renewed, and cold water freely poured on the head. This treatment was continued perseveringly for three hours, the least relaxation of effort causing a return of bad symptoms. At 9½ A. M. the pupils gave indications of sensibility, and the pulse could be felt. At 10 o'clock, she could hear, the swelling of the abdomen was gone, and respiration was regular. At 12 o'clock, she recognized persons, and during the day she gradually recovered.

The cause of this accident was carbonic acid gas, which escaped from a

joint in a furnace flue, which passed through their room (a basement) to the chimney; their bed being directly under the leak, so that the gas was poured directly upon the two women, as water would have been from a spout. The daughter was found turned upon her face, which was very dark from the settling of the blood. Copious epistaxis had occurred, and the bladder had been evacuated; there was no protrusion of the tongue, but a slight contraction of the brow, and post-mortem rigidity soon became strongly marked.

They went to bed at 9 P. M., and the mother remembers that, soon afterwards, her daughter complained of headache, and "a smell of gas," and that she rose and closed the door.

May 13.—Excision of the Horizontal part of the Lower Jaw for Malignant Disease. Reported by Dr. J. MASON WARREN.—The patient was a healthy boy, fifteen years old, with no hereditary tendency to malignant disease, so far as could be ascertained. Two years and a half since, a small red fungous tumour made its appearance between the middle incisor teeth of lower jaw. This tumour gradually increased, separating the teeth, and finally involved the whole depth of the bone. At the time of the operation the lip was much pressed outwards, and the cavity of the mouth so encroached upon as materially to embarrass the speech and prevent mastication.

The disease was removed by making an incision through the lip in the median line, and extending it as far as the os hyoides. The soft parts being dissected from the bone, this was partly sawed through by means of a meta-carpal saw, the second bicuspid tooth on either side being removed. The incision through the bone was completed with cutting forceps.

Before separating the attachments between the jaw and the tongue, a ligature was passed through the mucous membrane at the base of that organ, in order to prevent retraction, an accident that Dr. W. had seen happen in an operation similar to the present, the patient being saved from suffocation by the surgeon thrusting his finger down the throat, hooking up the tongue, and securing it by a ligature.

In the present instance, there was no disposition in the tongue to retract, but, for the sake of precaution, the ligature was passed through the wound, and formed one of the sutures which confined the edges of the lip when they were approximated.

The portions of jaw removed show the whole bony structure much expanded and enlarged. On the alveolar edge one bicuspid tooth remained on each side. On the left side two incisors. The right incisor teeth had disappeared. The right cuspidatus was found deeply buried in the jaw, lying diagonally across the root of the bicuspid, ~~never~~ having come to the surface. *never* From the expansion of the jaw by the disease, nearly two inches existed between the bicuspid tooth of the right side and the incisor of the left.

A small portion of the expanded shell of the bone being cut away from the internal face of the jaw, exposed a fungoid mass filling the interior. This, on being submitted to microscopic examination, presented well-marked cancer-cells.

The disease was limited by the bone, the soft parts in the vicinity exhibiting no marks of disease.*

May 27.—Imperforate Anus in a Pig. Opening from the Rectum into the Urethra.—Dr. JACKSON exhibited the specimen sent to the Society by Dr. Wm. J. Burnett, with the following history. The subject was a male, one of a litter of eight or ten, and was killed when twenty-six days old, having suffered no inconvenience from the malformation, so far as was known. The parts having been removed by Dr. B., there is seen to be no appearance of anus, and the rectum, moderately enlarged, terminates near the surface in a cul-de-sac. The intestine having been inflated and tied, the urethra was cut open; and between one and two inches from the bladder the opening from the rectum is seen, perfectly well marked upon the urethral surface, and yet so small beneath it that the air could not readily be forced through. Externally, the communication appeared as a short, dense, rounded cord, half an inch or more from the extremity of the intestine.

One of the other pigs in the same litter had been killed four days before, having the anus imperforate, and the abdomen somewhat distended, though otherwise it appeared well; no examination was made of the urethra. The rest were well-formed. In a former litter, however, one of the number was reported to have had a common outlet for the rectum and vagina; showing the same tendency to the reproduction of monstrosities at different births that is often seen in the human subject.

Dr. J. alluded to an observation that he had made in the printed catalogue of the Society's Cabinet, that in every one of six cases of imperforate anus in the male (human) subject that he had examined, an opening had been found from the rectum into the urethra; also to a case of Dr. York's, of which he published an account last April in the *Boston Med. and Surg. Journal*, and in which, after an operation by Dr. Y., the child lived eighteen months, the feces passing altogether through the opening into the urethra for the last two months.

May 27.—Enchondroma of first phalanx of Middle Finger.—Dr. J. MASON WARREN exhibited a cast of the hand, and showed the tumour. The subject of the disease was a little girl thirteen years old. When two years of age, a

* This patient left the hospital two weeks after the operation, quite well. The lateral portions of jaw had been but little drawn together, and could be approximated with the upper jaw so as to allow of the mastication of moderately hard substances.

small hard swelling appeared on the inner side of the first phalanx of middle finger. This slowly increased, producing no inconvenience except from its size, which more or less interfered with the motion of the hand.

At the time of the operation the tumour was the size of a small apple, involving the whole bone of the first phalanx and part of the second. The finger was forced out of its place and lay diagonally across the little or ring finger. A small tumour of similar description occupied the lower phalanx of the forefinger, and one also, a still smaller one, on the ring finger, lying under and concealed by the larger tumour.

The finger was easily removed. The head of the metacarpal bone sawed off to allow of the necessary approximation of the edges of the wound. A section of the excised part shows a uniform appearance like the interior of a ripe apple. The periphery was somewhat elastic, like the more delicate layer of bone or cartilage. A few spiculae of bone were interspersed through the interior. The shaft of the bone had disappeared. The metacarpal extremity remained. a/

May 27.—Erysipelas following Vaccination.—This complication does not seem to have been observed here before the present season as a grave form of disease. Of late, however, cases have multiplied to such an extent, and the result has been so often fatal, that many members of the society have refused to vaccinate except when it has been absolutely necessary, and have almost wholly given up re-vaccination. Erysipelas, as appears by our records, has been quite prevalent during the past winter and spring; and small-pox was probably never known to exist here as it has during this same period. The following cases were reported :—

I. Case reported by Dr. J. B. S. JACKSON.—An infant six months old was subject to intertrigo. The vaccine vesicle was rather imperfect; and on the seventh day erysipelas appeared in its neighbourhood, gradually extending over the whole extremity, and somewhat to the trunk, but not to the head. Slight vesication followed, and an abscess threatened in the hand; one actually forming in the axilla. The constitutional symptoms were, for a time, quite severe, but the child recovered in about a month. 1

In common erysipelas, the same part is not often affected a second time, but here there was a recurrence of the inflammation not only once but twice after it had fairly subsided.

II. Case also reported by Dr. JACKSON.—An old man of rather bad habits having been revaccinated, the whole forearm became erysipelatous with some vesication, but in a few days was quite well.

III. Case reported by Dr. CABOT.—This being a case rather of diffuse cellular inflammation than common erysipelas. The patient was a gentleman, sixty-nine years of age, who, having been exposed to varioloid, was revaccinated in two places on the 3d of April. On the second day, two vesicles had

formed about the size of a small pin's head, and there was pain in the axilla, with pain and soreness under the pectoral muscle. On the third day, the vesicles had become larger and pustular, and an areola had formed. This last extended up and down the arm, and when it got to some distance from the points of vaccination, assumed the character of a deep erysipelas; the pain during this time being chiefly under the pectoral muscles. In about two weeks the inflammation had extended to the hand, and in the course of the third week an opening was made about the elbow, from which a considerable quantity of sero-purulent fluid was discharged; the back of the hand being opened down to the fascia a few days afterwards. From the shoulder the erysipelas extended over the whole back, down the right arm to the elbow, and somewhat over the abdomen from each side; also across the front of the chest, nearly to the right shoulder. The whole duration of the erysipelas in an active form was about seven or eight weeks; neither the head nor lower extremities were affected; the areola about the vaccine points subsided, but subsequently this surface was attacked with the disease. The suppuration about the left shoulder and down the upper extremity has been very extensive; the pectoral muscle was separated from the parietes of the chest, and the skin of the forearm was so detracted from the subjacent parts that fluids thrown in at the elbow would pass out at the back of the hand; very numerous openings have been made about the elbow and shoulder for the discharge of pus. For about two months the patient was confined to his bed, but for the last six or eight weeks he has been fairly convalescent, so that for some time past he has been able to ride out daily. The prostration was not so great as would have been expected in such a case; the pulse not rising above ninety during the active stage of the inflammation; there was, however, some delirium, with chills, headache and pain in the back. No suppuration occurred, except in the parts above alluded to. Amongst the remedies used in this case, the application to the surface of the tincture of iodine seemed to be beneficial, and, still more, the injection into the cavities of this same substance; at first largely diluted with water, but afterwards increased in strength to the proportion of equal parts; the filling up of the cavity in the forearm and the restorative process altogether being much accelerated under this treatment, and without any unpleasant consequences. This treatment was adopted at the suggestion of Dr. S. Parkman.

IV. Case reported by Dr. J. BIGELOW.—The patient was a gentleman, about thirty years of age, and having been exposed to the small-pox, was revaccinated with several others, from the same virus. Two days afterwards, an erysipelatous spot, of the size of a dollar, was discovered around the point of vaccination. This spread rapidly in every direction, and at the end of five days, had occupied the whole arm from the shoulder to the elbow. At this time, several dark spots appeared upon the inside of the arm, which in two days were perfectly gangrenous, so that an incision was made five inches in

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length, without pain. The slough was apparently confined to the skin and cellular substance, inasmuch as the muscular power was at no time lost. Meanwhile the pulse was quick, and the skin hot, with prostration, headache and delirium. In another week, the erysipelas had extended to the whole trunk, half way down the thighs, and to the wrist of the affected arm; the patient being much of the time delirious, or somnolent, and with a pulse of 120. During the third week, the symptoms were generally aggravated, and the cerebral affection increased; there was also a retention of urine, and the catheter was required for a fortnight. During this time, however, the slough gradually separated, leaving a large, deep ulcer. The patient became convalescent at the end of a month, and slowly recovered; the ulcer requiring another month or more to cicatrize. No other slough formed, excepting two small ones upon the lower part of the back. No other person, who was vaccinated with the same virus, had any unusual symptoms; but a lady of the family, about seven weeks after the vaccination, was attacked with inflammation of the fauces, and tonsils, followed by prostration and delirium, and died in a week; during her sickness, a livid spot, about two inches in diameter, appeared over the upper part of the sternum, but this disappeared before death.

V. This was a case, also reported by Dr. BIGELOW, that occurred soon afterwards. A healthy child, about five months old was vaccinated, and the vesicle went on well till the eighth day, when matter was taken with which three others were vaccinated. On the ninth day, the arm became erysipelatous, the inflammation rapidly spreading over the whole trunk; and the child died in a few days. All of the patients inoculated from this arm had a perfect vesicle, and without any anomalous symptom.

These two cases were considered by Dr. Bigelow, as conclusive against the transmission of erysipelas by vaccination.

VI. Case reported by Dr. HOMANS.—The patient was a healthy infant, about three weeks old. On the eighth day, the vesicle appeared well, and matter was taken with which other children were vaccinated, the result being in every case successful. On the tenth day, erysipelas appeared below the elbow, and extended into the axilla; the swelling and redness were very defined, and the inflammation spread rather more rapidly than is usual in the adult. Vomiting and diarrhoea came on, and lasted for some days; and the pulse was too quick to be counted. The head and abdomen then became affected, and on the ninth day from the invasion of the disease, the scrotum and penis were greatly swollen; these last were punctured with much relief, but a deep sloughing of the scrotum took place, one and a half inches in diameter, and nearly exposing the testicles. The extremities were next affected, but in the meantime the child began to improve, and the pulse had fallen to 120. On the subsidence of the disease, abscesses formed upon the body and limbs beneath the surface, and about the left hip, one that was quite

large and deep. This last, is the only one that now remains open, and the child is fairly convalescent, after a sickness of about three months.

Dr. HOMANS also alluded to the case of two lads, in whom the erysipelas was followed by extensive suppuration in the axilla; one of them having been vaccinated, and the other re-vaccinated.

VII. Dr. PUTNAM reported a case, in which erysipelas attacked the scalp on the fourth day after vaccination; the patient was a healthy infant, and the inflammation never extended beyond the part first affected; there was little constitutional affection, and the duration of the disease was about a week.

VIII. Dr. CHANNING mentioned a case of erysipelas, after vaccination, in which the shoulder, axilla and pectoral muscle were involved. Obscure disease within the chest, carried off the child. There was no vesication from the erysipelas. The scar of vaccination was morbid. Dr. C. had noticed several such cases, in which the vaccine disease was irregular and unnatural in its course and appearances. He declines vaccinating, and especially re-vaccinating.

It appears from the records of the Society that a fatal case of erysipelas, following re-vaccination, was reported by the late Dr. Greene, as having occurred in January, 1846. The patient, a gentleman sixty-six years of age, had been vaccinated twenty years before, and re-vaccinated, though without success, two or three times since. On Friday, the day after the re-vaccination by Dr. G., he was seized with chills, nausea and a sense of general uneasiness; and, at the same time, inflammation commenced in the arm, attended with heat, redness, and pain. He slept none on the following night, and on the next night was attacked with vomiting and purging. The symptoms from this time did not become materially worse, however, till the following Wednesday, when he complained of pain just below the elbow; and on Thursday, a small patch of erysipelas was discovered at this point, which gradually extended over the arm and chest of the affected side, the infiltration of the cellular tissue, keeping about two inches ahead of the redness. He died at ten on Friday evening, a little more than eight days from the time of re-vaccination, the erysipelas having extended to within two inches of the sternum.

In regard to the quality of the matter introduced, Dr. G. remarked that it was taken on the eighth day from a perfectly formed vesicle on the arm of a perfectly healthy infant, born of healthy parents; that one of his own children had been re-vaccinated with the same matter, and also another person, in both of which cases, the symptoms and appearances were slight. Dr. Greene alluded to several other cases, in which unusual redness and pain had followed re-vaccination, but which differed in appearance from erysipelas. Dr. Warren stated at that time that he had seen one case of erysipelas following chicken-pox.

May 27.—Labour, with almost complete closure of the Vagina. Case reported by Dr. PUTNAM.—A healthy woman, aged thirty, was married at seventeen, never having menstruated. Two years after marriage had a swelling in the vagina, which was punctured by a surgeon, and a quantity of tarry-looking fluid discharged.

About two years ago, a large "lump" formed in the abdomen, causing an enlargement as at the sixth month of pregnancy. There were also headache, constant flush of the face, and dysuria. This enlargement had lasted six months, when she began to discharge from the vagina a thick, dark-coloured fluid resembling that evacuated ten years before. Within a week, the abdomen was reduced to the natural size, the discharge continued for three weeks, and afterward she menstruated regularly until she became pregnant.

On the access of labour there was found an obstruction in the vagina, and on the 10th I was asked to see her. She had been for some hours in active labour. On examination, the vagina, within an inch of the external organs, was closed by a strong, somewhat yielding membrane. No perforation could be detected, though sought for. We decided to do nothing, but await the progress of the labour.

In four hours violent pain came on—the septum was distended, and protruded beyond the external organs. Under this tension three small holes were visible, just sufficient to admit the head of a probe, and about one-fourth of an inch apart. A bistoury was then introduced, and the three holes laid into one. The thickness of the septum was found to be about two lines. A gush of liquor amnii succeeded, and in half an hour the head came down, and the child was born living.

Coition had from the first been painful, and for the last two years excessively so. The husband had not been aware of any impediment until within the last two years. I presume, however, that the malformation was congenital.

May 27.—Granulated Liver, Jaundice, and Hemorrhage. Case reported by Dr. JACKSON.—The patient, a labouring Irishman, twenty-five years of age, entered the hospital on the 21st of May, and died in the course of the following night. For about a year his skin had been deeply yellow, and the urine, he said, looked like blood, his previous health having been good; dejections variable, but sometimes yellow. For about nine months he had frequently bled from the nose and gums, and often to the amount of a pint. Continued to work till seven weeks before admission; and had kept his bed for the last ten days, having had some cough, and pain in chest. When seen, his pulse was 84, quite irregular, and almost imperceptibly small; skin cool; general appearance of prostration, but much less than the pulse would indicate; some diarrhoea, but no other marked local symptom; no mention, no appearance, of dyspnoea.

On dissection, the tissues were found deeply coloured by bile; some serous effusion in the peritoneal and two pleural cavities, with oedema of surface; some effusion of blood in lower extremities, and beneath the peritoneum. The blood was so thin as to run like water from the veins when they were divided; but it was not very pale, though more so than usual; careful search was made for coagula in the cavities of the heart and large vessels, but scarcely a trace could be found. The cavity of the pericardium contained three pints of blood similar to that just described; and upon the surface of the heart was a deposit of fibrin, which was evidently the result of inflammation. The granulated structure of the liver was very strongly marked, and this organ, which was shown, was of a deep grass-green colour throughout—showing the inapplicability of the term cirrhosis. Spleen enlarged as it often is with this disease of the liver; weight fourteen ounces.

Dr. Jackson remarked upon the fluid state of the blood, and as a consequence, the frequent occurrence of hemorrhage, in cases of jaundice, whether disease of the liver existed or not; this change in the quality of the blood being probably due to the alkaline property of the bile. He also alluded to a case that he saw with Dr. Gordon a few months ago; the patient died from hæmatemesis, having had jaundice for some weeks, with hemorrhage into the integuments, and from some of the internal organs.

June 10.—Hemorrhage from the Urethra. Case reported by Dr. RUSSELL.—The patient was a gentleman about the middle period of life, and the father of several children. Having been absent upon a journey for two or three days, he returned home late in the evening, and immediately after sexual intercourse the hemorrhage occurred, amounting to a pint, so far as could be estimated. The excitement was no more than usual, and he had never before experienced such an effect. For two or three days he was left quite feeble, but with no signs of local irritation.

June 24.—Tumour within the Orbit. Case reported by Dr. HOOPER.—A young man, twenty years of age, was first seen by Dr. H. last October. The left eye was then protruded apparently by a tumour behind it; the vision was scarcely impaired, and there was no pain except on taking cold. The protrusion began three years before after a severe cold, and increased gradually for eighteen months, but had been about stationary for the last six. In November, he left the Infirmary, not relieved; and on the 7th of last June was re-admitted. The eye was then enormously protruded, and there was added to this a mass of chemosis, which gave the patient a frightful appearance. There was also pain, with entire loss of vision. The organ having been removed, he was discharged on the 25th of June, doing well.

On examination, the eye itself appears sufficiently healthy. The tumour, which was situated deep in the orbit, and was divided by Dr. H. in removing

the mass, is loosely connected with the globe of the eye, about equal in size to the globe itself, well defined, of rather a soft fleshy consistence, and presenting a uniform partially organized appearance; and on microscopical examination, proved to be malignant.

June 24.—Malignant Growth within the Globe of the Eye. Case reported by Dr. HOOPER.—Mrs. ——— æt. about thirty-five; woman of feeble health; married several years; has had no children; has suffered during the last two years from constant uneasiness and occasional severe pain in right eye. When first seen two years ago there was complete loss of vision, the sclerotica bulging out at the upper and inner part; injection of conjunctiva; cornea transparent. During the two years, pain has been severe at times, but relieved by leeches to temple, and by puncturing the globe at the place of protrusion; a straw-coloured fluid followed the puncture until within the last few weeks, when no fluid has escaped, and there has been no relief from the patient's suffering, which is excessive.

To-day, the patient being under the influence of sulphuric ether, I removed the eye. Very little hemorrhage occurred. No dressing but a compress wet in cold water laid on the eyelids *July 1.* The patient has been comfortable ever since the operation; is now down stairs. *July 31.* Patient still doing well as far as the seat of disease in orbit is concerned, but has had some disease in the abdominal region.

On examination, the eye is moderately enlarged; the bulging above noticed being quite marked. Cavity of the sclerotic about two-thirds filled by a nearly uniform, whitish, soft solid, well-defined substance, which the microscope shows unequivocally to be carcinomatous. The remainder of the cavity is free; and the different tissues, where not involved in the disease, appear to be healthy. The sclerotic, also, so far as seen in a single incision appears healthy; and to some extent the choroid coat can be traced between it and the diseased mass.

June 24.—Dislocation of Femur reduced on Sixty-eighth day, by Jarvis' Surgical Adjuster. Case reported by Dr. JOSIAH CROSBY, of Manchester, N. H.—On the 16th of January, 1849, Mr. P. of W., N. H., aged fifty-six, muscular, weighing about 180 pounds, of intemperate habits, was thrown from a sleigh and dislocated the left hip. Six weeks passed before the nature of the injury was understood, and more than three weeks afterwards before any attempt was made to reduce it.

On the sixty-eighth day of the dislocation, I saw the patient for the first time—found him lying in bed with all the diagnostic signs of dislocation of the head of the femur upwards and backwards; limbs, below the natural temperature, purple, œdematous, and shortened from three to four inches. Although the case seemed almost hopeless, it was agreed that an effort at reduc-

tion should be made, and *Jarvis' Adjuster* was accordingly applied. Before extension was commenced, an attempt was made to bring the patient under the influence of chloroform, but it was soon abandoned on account of violent spasms which were produced by it, and the operation was done without the aid of this powerful agent. The extension was continued, gradually increasing the power, for nearly twenty-four hours, when by a little rotation of the limb, the head of the bone was brought into the socket with a snap audible to the bystanders.

The hand of an assistant was placed on the trochanter while flexion and slight rotation were given to the limb, to see if the leg would remain at full length and in the right position. Everything proving satisfactory, the patient was laid in bed, and a bandage applied about the hips to guard against accidents from motion.

Dr. C. remarked that in the report on Surgery to the National Medical Association for 1849, the chairman of that committee gives an unfavourable opinion for himself and Prof. Pope of the St. Louis University, in regard to the "Adjuster," but that no statistics were given on which this opinion is founded. He was of opinion that an instrument of so much power and of so varied application deserves a fair trial, and that by this test its character should be fixed.

July 8.—New Operation in cases of Effusion into the Cavity of the Chest.—

Dr. BOWDITCH regretted that the lateness of the hour would prevent him from giving a detailed account of some cases that he had seen, where very excellent results had followed upon the puncture of the chest in which large effusions existed. He would, however, show an instrument which he had had made after the model of one used by Dr. Morrill Wyman, of Cambridge. It consisted simply of a brass suction-pump, arranged without valves after the stop-cock fashion. There were two apertures, one for suction and the other for a discharge pipe, and by turning the piston pipe ninety degrees, one or the other of these apertures was opened. An exploring canula was arranged so as to fit tightly into the suction aperture; and having been introduced into the chest, the suction could be applied immediately, and all the fluid usually discharged, without any change of the apparatus, save the turning of the piston-pipe, above described, in order to discharge the fluid when the barrel was full.

Dr. B. had seen the operation performed five times during the last three months. All the patients were immediately more or less relieved, two had tubercles at the time, one of whom has since died. Two cases were perfectly successful, the patients being, at the time of the operation, very ill, with pulse over 120, night sweats, &c. One recently operated on with the greatest relief was still under treatment. Finally, he knew of one case treated by Dr. Wyman, who is now well, and who undoubtedly would have died had the operation not been performed.

The pain of this operation is, comparatively speaking, nothing, and the patients are generally not at all troubled by it. The wound, of course, closes instantly on the removal of the canula, and no air can enter the chest while the apparatus is in operation.

Dr. Bowditch concluded by remarking that operations had been done from time immemorial, upon the chest in cases of effusion, but he believed that they were generally considered as a last resort. In Guy's Hospital Reports, cases are given of the use of the trocar, but Dr. B. believed that to Dr. Wyman was due the credit of having first proposed the use of the *exploring canula with suction applied thereto*.

Dr. Bowditch has arrived at the following conclusions :—

1st. The operation is perfectly simple, but slightly painful, and can be done with ease upon any patient in however advanced a stage of disease.

2dly. It should be performed forthwith in *all* cases in which there is a complete filling up of one side of the chest.

3dly. Dr. B. had determined to use it in *any* case of even *moderate* effusion lasting more than a few weeks, and in which there should seem to be an indisposition to yield to the ordinary modes of treatment.

4thly. Dr. B. would urge the practice of puncturing in this way upon the medical profession as a *very important measure in practical medicine*; for he believed that, by this method, death may be frequently prevented from ensuing either from sudden attacks of dyspnoea or subsequent phthisis, or, finally, as in two cases he had seen, from the gradual wearing out of the powers of life from inability to absorb the fluid, even when all the organs, save the pleura of the affected side, were healthy.

5thly. Dr. B. was likewise inclined to the belief that this operation if generally adopted would sometimes prevent the occurrence of those very tedious cases of spontaneous evacuation of purulent fluid, and those great contractions of the chest that occur after long-continued effusion and the subsequent discharge or absorption of a fluid.

July 22.—Contraction of the Fauces, the result of Old Ulceration.—Specimen sent to the Society by Dr. J. S. JONES, and exhibited by Dr. JACKSON, who gave the following history of the case.

The patient, an Irishwoman, aged 37 years, entered the Massachusetts General Hospital, on the seventh of June, with what appeared to be a syphilitic ulceration upon the leg; which having cicatrized, she was discharged on the 12th of July.

Five years ago, she was attacked with ulceration, which destroyed the greater part of the soft palate and tonsils; this having only recently cicatrized, and being still liable to break out. Denied any syphilitic taint, and could assign no cause for the disease; her health having previously been good. Appetite good, and she was well nourished; took solid food as well as liquid,

and was no longer at the table than the other patients. Had no difficulty of deglutition, though she would sometimes choke when asleep. Breathing at all times somewhat laboured, and more or less stertorous; particularly on exertion. Voice sufficiently loud, and not hoarse, though hollow and peculiar; when about to speak, she would take in a full inspiration, and speak as long as she expired.

Patient died five or six days after leaving the hospital, in consequence of brutal treatment, which she had received from her husband; and, on dissection, there was found acute pneumonia, but no other disease except about the throat.

The contraction is such, that a large catheter would hardly pass from the mouth into the pharynx; the parts being thickened and condensed, but perfectly cicatrized. The remains of the soft palate on each side, and the whole of the epiglottis, so far as can be seen without cutting the stricture entirely through, are closely and strongly adherent to the base of the tongue. The rima glottidis also adheres extensively to the pharynx; and what should be a mere indentation between the two lips of the glottis, has come, by the traction that has been exercised upon the parts, to be a long and deep fissure.

One other case of similar contraction of the fauces may be seen in the Cabinet of the Society.

July 22.—Neuralgia of 18 years' standing cured by an operation. Case reported by Dr. BUCKMINSTER BROWN.—Mrs. R. had suffered for eighteen years from pain and tenderness of the thumb of the left hand. She could not trace it to any injury. About a year previous to my seeing her, she had had a severe labour, and had miscarried at the eighth month. From that time, the pain and tenderness had increased to an alarming degree.

The tenderness of the part above the second joint was at this time exquisite, and the pain was extreme both night and day, with but rare and irregular intermissions. It commenced in the neighbourhood of the internal corner of the root of the nail, and extended up the side of the thumb, through the hand up the arm to the shoulder, and terminated in the back of the neck, and was reflected on to the breast. If the thumb received an accidental knock, the whole arm would be convulsed, and the pain become so intense as to produce faintness. During these paroxysms, she described the arm as assuming a blue appearance.

On examining the thumb, I found it somewhat swollen, and a slight degree of blueness around and beneath the nail, and that in addition to the excessive tenderness of the thumb, there was a considerable degree of soreness along the course of the median nerve. There was no marked tenderness of any of the dorsal or cervical vertebræ. Thinking, however, that it was possible the difficulty arose from some irritation or inflammation about the roots of the nerves, the treatment was commenced by applying a blister to the spine, at

the point indicated. This was kept open with an irritating ointment, and sprinkled every second night with sulph. morph., and a cathartic was given every second day. About the same time, she took carb. ferri two or three times a-day.

For two or three days after commencing this treatment, the pain in the arm was increased. Antimonial ointment was rubbed along the course of the nerve. The tenderness in the arm gradually decreased, but continued about the same in the thumb. Leeches were now applied to the dorsal region which afforded very considerable temporary relief.

The pain and tenderness, however, returning to its fullest extent, a blister was applied to the thumb itself, entirely enveloping it, and this when dressed, was sprinkled with morphia. A small abscess formed on one side of the thumb; this was opened and touched on its internal surface with lunar caustic.

The thumb was now decidedly less sensitive. During treatment, she took extract of conium, in gradually increasing doses, but without any essential improvement in the symptoms. As the dead skin peeled off, and the new formed, the sensitiveness returned, and the pain became as severe as ever.

As the list of remedies from which I thought there was any chance of deriving benefit was now about exhausted, I decided to excise a portion of the internal digital nerve of the thumb, as it was in the ramifications of this nerve around the root of the nail and side of the thumb that the disease appeared to be seated. This was done December 18th, with the assistance of Drs. J. M. Warren and Morland.

The patient being etherized, an incision was made from the internal metatarsal head of the first phalanx of the thumb, to the internal tuberosity of the phalanx, about one inch and a third in length. A dissection was then made to the bone, and without much difficulty the nerve was seized, and a piece about one inch and one-third in length was removed. The thumb had always been so exquisitely sensitive that I had never been able to make a satisfactory examination until she was under the influence of ether. The next day, the extremity of the thumb was still very painful and sensitive; but there was no pain or tenderness below the place operated upon, or down that side of the thumb, which before had been the spot the most painful and susceptible. So far as this branch was concerned, the operation was of course successful. The relief, however, was not so complete as had been hoped, and a considerable degree of pain and susceptibility still continuing through the winter, another operation was decided upon. The patient being again etherized, a puncture was made above the most sensitive spot just clearing the joint. A long thin knife was then introduced anteriorly and posteriorly, and all the parts from the skin to the bone thoroughly divided; thus semi-girdling the thumb, another puncture was made on the other side, and the same operation repeated.

March 13th. The last operation has been attended with complete success.

The extremity of the thumb below the incision, that is, below the second joint, is perfectly numb, and there is no pain in the thumb or hand.

April 16th. Mrs. R. has had no return of pain in the thumb or hand, and all that remains to remind her of eighteen years of suffering is a slight shooting pain across the chest at distant intervals, on exposure to cold, &c.

A case somewhat similar to the above is on record, in which the disease was also in the thumb, and was the consequence of a puncture from a shoemaker's awl. In this case, the diseased nerve was cut down upon, and a small tubercle (neuroma) was found and removed with the nerve, to which it was attached, and of which it formed a part. The operation was attended with success. In the case above related, no tubercle was discovered. Previous to the last-mentioned operation upon Mrs. R., I was not aware that this method of operating, by destroying all the nerves that go to a part, had ever been followed. I have since learned that Dr. J. C. Warren had many years before operated in a similar manner, and with a like successful result.

July 22.—*Acute Laryngitis complicated with Inflammation of the sub-mucous Cellular Tissue of the Trachea.* Dr. BUCKMINSTER BROWN reported the case.—The patient was a labouring man, forty-five years of age. Was called to him March 28th. On the Tuesday previous, he had been all day exposed to a heavy snow storm, while at work on one of the wharves. The snow penetrated between his coat collar and neck, so that the sides of his neck and throat were kept cold and wet throughout the day. At night he had a severe chill, and had a succession of chills and rigors until morning. It was impossible to warm him; he had had a cough all winter, and this still troubled him. When first seen by me, which was not until Thursday eve, he was suffering from extreme pain in the right side of his neck, extending from the angle of the jaw down to the sternum, shoulder and chest. There was an evident swelling from the lower edge of the maxillary bone to the clavicle. This part was very sensitive to the touch. He was purged by calomel and jalap, and a mustard plaster applied to the throat. This afforded very considerable relief, and in the course of the next day, the pain left this side of the throat, and attacked the opposite. Here the suffering and tenderness were also very great, and the respiration became affected. Leeches were applied, the mustard plaster repeated, and in the course of the disease, the patient was bled, but without relief. The patient was seen by Dr. Francis H. Bray and Dr. J. B. Brown. Respiration was now very laboured, and accompanied by a groan at each effort. Pulse 92. Percussion was good all over the chest. When told to take a full inspiration, the respiratory murmur throughout was perfect, but the moment the voluntary exertion ceased the patient seemed much exhausted, and sank into a doze. Not the least sound could then be heard; respiration appeared to be entirely suspended, and it was evident that no appreciable amount of air was admitted into the lungs. This was of itself sufficient to point out the seat of the disease. This phenomenon was so striking that it forcibly reminded me of the similar effect which would be produced by a paralysis of the involuntary muscles of respiration, the lungs being expanded only when the voluntary muscles were called into action.

On the 4th day of my attendance, I discovered an ulceration of the left tonsil; this was the first visible sign of disease on the inside of the throat. There had been, on previous examinations, but slight indications of inflammation existing about the fauces. He expectorated a considerable quantity of thick, viscid mucus, and some pus. Both sides were now greatly swollen externally. Deglutition neither obstructed, nor greatly painful; could swallow pills without difficulty.

On the 5th, all the symptoms aggravated, countenance expressing extreme anxiety, pulse 160, fluttering, irregular. Died at 10 A.M.

Post-mortem examination at 9 next morning. The lungs, heart, and all the organs contained within the chest and abdomen, perfectly healthy. In dissection, there was found intense inflammation over the whole internal surface of the larynx and trachea, with some effusion of lymph.

Sept. 9.—Carcinoma of large Intestine; opening into the Jejunum.—Dr. JACKSON reported the case, of which he had recently made the examination.—The patient was a man 63 years of age, and had been under the care of Dr. Jeffries for about four months; having been ailing somewhat for a short time before. When first seen, he had a large knobbed tumor below the left hypochondrium, which was probably owing to fecal accumulation in the colon; this gradually diminished, and for the last six weeks was not felt. Great pain, with dejections; tenesmus; and towards the last, discharges of blood, with vomiting of the same. Complete anorexia for some time before death. Patient confined to his room from the first of his sickness, and to his bed for about six weeks; becoming much reduced, and extremely emaciated. Case diagnosed by Dr. Jeffries as one of cancer of the intestine.

On dissection, a diseased mass was found, about as large as the fist, at the angle which the arch of the colon makes with the descending portion; the entire calibre of the intestine being destroyed to the extent of four or five inches, and presenting upon the inner surface an exceedingly irregular, foul, blackish surface. In the midst of this last, and insulated, as it were, was a portion of perfectly healthy intestine, more than three inches in length, and towards two inches in width; the edges only being diseased; from the development of the valvulae conniventes, this was seen to be a portion of the small intestine. Externally the jejunum adhered, just beyond the mesocolon, to the diseased colon, and it appeared like an ordinary though very close adhesion; yet nearly or quite one-half of the calibre of the small intestine was destroyed to the extent to which it adhered. The foul cavity, then, above referred to, had a free opening, above and below, from the small as well as from the large intestine. About this cavity was a considerable quantity of soft, crumbling enccephaloid substance, not perfectly opaque, but having some resemblance to a decayed pear. The other organs were quite healthy. Dr. J. remarked upon these local, circumscribed, carcinomatous affections, not merely in the rectum but along the course of the colon, as of not very rare occurrence.

Sept. 9.—Tracheotomy for Edema of the Glottis.—Dr. S. PARKMAN had recently performed this operation, on a man thirty-two years of age, who reported that he had been suffering from dyspnoea for seven weeks. On his entrance into the hospital, the dyspnoea and dysphagia were extreme; most of the fluids attempted to be swallowed returning through the nostrils. The fauces presented extensive cicatrices of syphilitic ulceration, which had destroyed the pendulous palate and the pillars of the isthmus. By the finger the epiglottis was felt swollen, and there was a sensation as if it were ulcerated. In the front of the larynx there was a small abscess discharging pus. There being no relief from the remedies employed, of which canterization with nitrate of silver was the most active, and death appearing imminent, tracheotomy was performed, and a tube inserted. The relief was immediate, and the patient at once fell asleep, and remained so for eight or ten hours.

The relief was not permanent, and the patient died with symptoms of pneumonia of both lungs, on the second day after the operation. The larynx, examined after death, presented some œdema, but the cause of the dyspnoea was seen in the thickening of the epiglottis and the edges of the glottis, from long inflammation. There was pneumonia of both lower lobes.

Sept. 23.—Melanosis of the Eyeball. Case reported by Dr. BETHUNE.—The patient, a gardener, thirty-six years of age, had enjoyed good health till within sixteen months. After being wet on one occasion, was attacked with pain through left eye and back of head, with redness and soreness of the organ. This continued from time to time gradually affecting the sight. No vision for six months. Six months ago the ball gave way and began to swell. This has constantly increased from that time. Right eye well. The globe of left eye disorganized and projecting between lids, of the size of a small apple; red, firm, and covered at lower part with dry, everted conjunctiva lining lower lid, at points thick and loose; around inner edge of orbit, above and below is felt a firm irregular mass.

The specimen, after removal, presented the following appearances—an ovoid mass somewhat knobbed upon the surface, as is usual in this disease. An incision having been made through the mass antero-posteriorly, it measured upon the cut surface, in this direction, a trifle over one and three-quarter inches, and, transversely, one and a quarter inches. The outline of the globe of the eye upon this surface was perfectly distinct, the sclerotic coat upon one side being entire and in appearance sufficiently healthy; upon the opposite side this tunic had disappeared, but the outline of the globe was not the less defined. Form of the globe altered, though there was no enlargement; cavity completely filled by a uniform black, melanotic mass; nothing seen of the lens nor anterior chamber; a trace of the cornea, however, was observable. Immediately external to the globe was a large mass exactly resembling that which fills the globe itself. The remainder of the diseased mass, constituting a majority of the whole, varied much in color; a part of it consisting of a uniform, close, compact white structure without any trace of discoloration, by far the greater part, however, being more or less gray and passing almost gradually into black; the consistence of this colored portion also being rather firm, or at least solid; these differently colored portions showed no tendency to intermix, but seemed almost composed of distinct globules. No fat within the mass, and none of the usual appearances of encephaloid.

By the growth of the mass within the orbit, the eye was pushed forward, so that the distance from the posterior extremity of the tumor to that of the globe of the eye measured one and a quarter inches, and this would be the extent to which the optic nerve, if it any longer existed, would have been drawn out. The incision was carried through what seemed to have been the course of the nerve, but the latter as such could nowhere be distinctly seen.

Dr. Bethune remarked that this was the third case of melanosis and fifth

of cancerous disease of the eye in which he had operated. This was the youngest patient he had seen with the disease.

Sept. 23.—Case of an Affection of the Olfactory Nerve, with total loss of Smell and Taste; with remarks upon the probable identity of these two senses. Read before the Society by Dr. KNEELAND.—The patient was an American woman æt. forty-seven, married, and the mother of several children; of strictly temperate habits; has worked hard all her life, but has generally enjoyed excellent health. From a child has been subject to pain in the præcordial region, accompanied with dyspnoea and palpitations, for which her physician ordered her to smoke tobacco, which habit she has at the present time.

In February, 1848, she lived in a damp cellar in Southac St., where I saw her, suffering apparently from mere debility and fatigue from too hard work; she took no medicine; removal to a better room and a little wine soon restored her. Just before her removal, she, with the rest of the family, partook freely of very gross food, which made them all sick; after free vomiting they all recovered. She remarked to me that nothing ever tasted better to her in her life than that meal; but from that day to the present, a period of two and a half years, she has never had the slightest sense of smell or taste (properly so-called).

From her complaining chiefly of loss of taste, I examined the branches of the fifth pair of nerves in the order of their distribution, expecting to find the lingual nerve, the so-called special nerve of taste, principally affected.

Motion of all parts of the face and mouth was perfect. The fifth pair going to the eyes, nose, ears, and tongue, has more or less influence on the senses connected with these organs. But the sensation of the globe of the eye and eyelids was perfect; no dryness of conjunctivæ and no inflammation of the eye. No symptoms to indicate any affection of the ophthalmic branch of the fifth pair.

There was no dryness of the pituitary membrane; common sensation of the nose perfect, both internally and externally; a foreign body, snuff, &c., excites sneezing as in any one else. Still she cannot in the least perceive the strongest odours, as ether, aqua ammoniæ; these cause an unpleasant sensation, a tickling or a burning, but no sensation of smell; she cannot distinguish ammonia from water except by the general sensation of the membrane, so that here the fifth nerve is not at fault, but the olfactory nerve.

Hearing unaffected; sensation of ear perfect. In the tongue, from tip to base, common sensation unaffected; also on gums and whole buccal cavity; motion of tongue perfect; gums sound; deglutition unaffected. No sense of taste in any portion of tongue, at tip or base; can distinguish between cold and hot drinks; can tell greasy substances by the slippery feeling, but cannot distinguish butter from lard or tallow; can tell salt from sugar by the different sensations produced; cannot distinguish molasses from honey; and cannot taste the smoke of her pipe.

Sensation of face everywhere perfect.

From these negative symptoms, and the fact that tactile sensibility in the whole of the tongue is perfect, it is evident that the fifth pair of nerves is unaffected, and that the whole trouble must be referred to the olfactory nerve.

Here is proof enough that the sense of taste is in a great measure equivalent to the sense of smell. By simply holding the nose and preventing the entrance of air by it, sapid substances applied to the tongue are no more tasted than they were by this patient. Thus I found that I could not distinguish the highest flavored perfumes from simple alcohol or ether, when applied to the tongue, when the nose was closed; laudanum and paregoric were the same; the poorest cake was as agreeable as the richest; but all the odour, or what is generally called taste, was immediately perceived on allowing air to pass through the nose. To all intents and purposes, any one can thus destroy his sense of taste at will.

Thinking that smoking might have in part caused the affection of the olfactory nerve, she left it off, though with no relief; she had never passed the smoke through her nose, and she had never taken snuff.

About two years after the commencement of this affection, she had a most violent attack of hysteria, simulating almost every disease, consequent, I think, on the disorder of the system usually attending the cessation of the menstrual function. No particular treatment was directed to the organ of smell, except a single application of electro-magnetism.

I have been led from the above case to the conclusions that there is no *special* nerve of taste; that all our perception of the *flavour* of substances applied to the tongue is due to the sense of smell and the action of the olfactory nerve; that what has been called *taste*, perceived on the anterior part of the tongue by the lingual nerve, and on the posterior part by the glosso-pharyngeal, is nothing but a general sensation of the same nature as ordinary touch.

That the lingual branch of the trifacial nerve has no title to the appellation of "gustatory nerve" any more than has the glosso-pharyngeal; and that neither of these has any more to do with the sense of *taste* than have the branches of the fifth pair, which give ordinary sensation to the nose with the sense of *smell*.

That division of the lingual and glosso-pharyngeal nerves impairs the sense of taste by destroying the general sensation of the mucous membrane, just as division of the fifth pair impairs the sense of smell by affecting the sensibility, secretion, and nutrition of the Schneiderian membrane. Finally, that the olfactory nerve is the nerve of smell and taste, while the lingual and glosso-pharyngeal nerves are nerves of common sensation of the tongue, as far as taste is concerned.

It has been objected to this conclusion that taste accompanies a congenital absence of smell, and that acute taste sometimes exists in persons deprived of smell. In the case alluded to, there was complete loss of smell and complete

loss of taste as far as the *flavour* of bodies was concerned ; the power of distinguishing hot from cold, acid from sweet, &c., was thought to be owing to the fact that the common sensibility of the tongue, depending on the lingual branch of the fifth pair, was unaffected.

Experiments of physiologists are quite contradictory in this matter of the nerve of taste. Panizza pretends that the hypoglossal and lingual nerves may be divided, destroying the motions and sensibility of the tongue, while taste remains ; and that section of the glosso-pharyngeal totally destroys taste, without affecting motion or sensibility.

Boerhaave ascribes taste to the hypoglossal nerve ; Charles Bell and Magendie to the lingual. Others have placed it in the lingual and glosso-pharyngeal, the former presiding over the anterior, the latter over the posterior portion ; some have limited it in one place, some in another. If authority were to carry the day, the glosso-pharyngeal, supplying the base of the tongue, where taste is strongest, has more claims to be called *gustatory* nerve than has the lingual.

The common sensibility of the tongue enables us to perceive many qualities of bodies, which combined, and acting on an organ highly acute, naturally or from education, may produce impressions easily mistaken for *true taste*, which perceives the *flavour* of bodies : thus, heat and cold, consistency, form, size, chemical and mechanical action of bodies, are perceived by the common *touch* of the tongue. It is no *special sense* of taste which acts here, but a peculiar modification of *common touch*, to suit the structure and use of the tongue. We see examples in the following, which no one will call special sense, or anything but a variety of ordinary sensibility. We have in the ends of the fingers a delicacy and peculiarity of touch existing in no other part of the body ; yet no *special sense*. This is still more remarkable in the flying membrane of the bat, whose sensibility supplies the deficiency of diurnal vision ; yet no special sense. The glans penis is the seat of peculiar sensations, but has no special sense. The sensation of being tickled is another modification of common sensibility existing in parts where touch is very dull. If these modifications of common sensibility are found without special nerves, there is no difficulty in comprehending that the tongue may also be the seat of a similar modification, without invoking the aid of a *special sense*, or calling its lingual nerve of common sensation the *gustatory* nerve ; and no difficulty in allowing that the only special nerve concerned in *taste*, or the perception of flavours, is the *olfactory* nerve.

Destroy the first pair of nerves, and the Schneiderian membrane is still sensible to irritating vapours by the sensory branches of the fifth pair ; and at the same time, the tongue is sensible to similar irritants, by the lingual branch of the fifth pair, while the flavour of bodies is no longer perceived. Now, as careful an experimenter as Magendie maintained that the sense of smell resided in the branches of the fifth pair, because common sensation remained after destruction of the first pair : may it not be, then, that the so-called case or cases in which taste is said to exist where the sense of smell is lost, are in

reality only examples of the remaining *common sensibility* depending on the fifth pair, and not of *true taste*. If it be said that the sensations are too acute to be referred to common sensation, it may be replied that, as the common sensation in the ends of the blind man's fingers may be so educated as to enable him to distinguish even the *colors* of bodies (without the necessity of supposing an eye in the finger's end), so the common sensation of the tongue, in a person deprived of smell and taste, may be so educated as to perceive many qualities of bodies imperceptible by common tongues, and so allow him what he may consider an acute taste, without the necessity of supposing a special sense of taste in his lingual nerves: the blind man's fingers perceive no light, yet they recognize the property of a surface which will reflect one ray, while it absorbs all the rest, thus enabling him to distinguish colors; the tongue, in the absence of smell, perceives not the sapid qualities of bodies, yet by experience can connect (perhaps involuntarily, and in spite of the individual) certain irritating or other properties with substances known to possess corresponding flavours; the former has, to all intents and purposes, *sight*; the latter *taste*. Some cases of alleged existence of taste with loss of smell may depend on obstruction to the entrance of air by the nose, anteriorly, by polypus or other tumours, &c., while odours from the mouth, or the flavour of food, may be normally perceived by a sound olfactory nerve, as taste is the strongest at the base of the tongue, where odours readily can reach the nose. In cases of *congenital* anosmia, we have no standard of comparison which will enable us to judge of the acuteness of taste; never having had the sense of smell, or the perception of flavours, the common sensibility of the tongue can alone be brought into play; whether such individuals have taste, as those do who can smell, neither they nor we can determine.

There is no reason to believe that the sense of smell is of less consequence to man than it is to animals, in the choice of food. It is the fineness of the sense of smell in carnivorous fishes, reptiles, birds, and beasts, which guides them in their choice of food; even savage man, more exposed than his civilized brother, has the sense of smell uncommonly acute; animals distinguish by their nose, and man by his tongue, the qualities of food fit for them; but both by the olfactory nerve. The ruminantia and rodentia, peculiarly exposed to noxious plants as food, have, in the greatest perfection, an organ connected with the nose, which is wanting in man; this is the glandular organ described by Jacobson, situated on the floor of the nostrils, communicating with the mouth, and freely supplied by branches of the first pair; this, according to Cuvier, enables them to distinguish by *smell* the poisonous properties of plants.

Allowing that taste is smell, and depends on the first pair of nerves, we can easily understand why the tongue should be supplied by the lingual and the glosso-pharyngeal nerves. Man, savage or civilized, is liable to eat many things, whose odour might be agreeable, and yet which might prove hurtful. The lingual nerve, therefore, is especially acute, and ministers to a peculiar

modification of common sensibility, which rejects substances improper in temperature, consistence, and chemical or irritating qualities; while it is the office of the glosso-pharyngeal to guard the entrance to the oesophagus, and, by a reflex action, to cause the rejection by vomiting of any improper substances which the lingual nerve (and the olfactory nerve, even) may have allowed to pass.

It may here be also remarked that physiology furnishes no instance of the dependence of two senses upon one and the same nerve.

In fine, I must still express the opinion that the above case is strongly in favour of the physiological doctrine, that what is usually called *taste*, or the perception of the *flavour* of bodies, is in reality *smell*; that the *lingual* nerve, which supplies common sensation, auxiliary but not necessary to taste, does not convey *gustatory* impressions to the nervous centre; that these last are conveyed by the olfactory nerve.

Sept. 23.—Carcinoma of Right Lung with symptoms resembling those of Hydrothorax. Case reported by Dr. STORER.—Mr. S. aged thirty-nine, entered Massachusetts General Hospital Sept. 11th, 1850. From the history communicated at entrance, it was supposed that disease of the heart had existed for several years, and that an attack of pleurisy, which he had last spring, while residing in New York, had resulted in extensive hydrothorax of right chest.

There was dulness on percussion in lower two-thirds of right chest, with absence of respiration in same. Increased resonance on percussion in left chest; sonorous r  le; impulse of heart rather increased.

While in hospital he had more or less cough, accompanied by slight expectoration of adhesive mucus. Constantly suffered more or less from dyspnoea, which obliged him to remain at times upright in bed. Respiration varied from 20 to 40 per minute. Pulse ranged from 120 to 140, generally small, feeble and at times intermitting. Renal secretion constantly scanty, though by analysis healthy.

He died on the 21st September.

Upon examination of the body after death, the following appearances were observed:—

Heart.—A slight thickening of mitral valve, hardly sufficient to amount to disease.

Lungs.—Nothing abnormal in left lung. Right lung uniformly adherent to pleura and diaphragm by tolerably firm adhesions.

On incision, an encephaloid mass was found, which occupied rather more than the lower two-thirds of lung. The upper third was perfectly healthy, excepting about one inch in thickness adjacent to the diseased mass, where pneumonia evidently existed, the lung being gray and infiltrated with white lymph or pus. The disease was very strongly marked, having a suety appearance, and its limits were very sharply defined. Its upper portion was hard; in other portions where it had softened, small cavities existed, filled with fluid matter; on its

edges were found spots of hardened lung, being a sort of granulated lymph or tuberculated matter. In right primary bronchus, disease had extended upon the inside within half an inch of bifurcation of trachea, reducing the bronchus to one-half its ordinary size, and the cartilaginous ridges on its cut edge were seen to be embedded in the encephaloid matter. A large mass existed behind the trachea in the cellular membrane which invests the trachea and larger vessels. In the midst of the disease were found several hardened glands, much enlarged and infiltrated with encephaloid matter.

No disease discovered in other organs.

Dr. BETHUNE alluded to a similar case which came under the care of Dr. Hayward a few years since. The patient had a cancerous testicle, which was removed by Dr. H., and after death, which occurred some time after, one-half or more of the right lung was found in a state of encephaloid disease.

*Sept. 23.—Poisoning by Corrosive Sublimate. Death on the 11th day.—*Case reported by Dr. COALE.—Sunday, July 14th, 1850, called to Mr. J. D. H——, at 8½ P. M.

Found him with pain in limbs, headache, furred tongue, excited pulse, costive. Prescribed submuriat. hydrargyri gr. x.

Monday, July 15th. Called at 12 P. M. Was told that a mistake had been made by the apothecary, who had sent 10 grs. of corrosive sublimate. It had been mixed and partially swallowed, but the great distress it caused produced ejection of much of it from the stomach. By advice of apothecary, warm water had been given. Dr. Flint had been sent for and arrived soon after, and administered the usual remedy of white of egg. He remained with Mr. H. for some time, until he felt it safe to leave, and called again in the morning. I found Mr. H. vomiting a clear fluid like water, mixed with fresh blood, and suffering much pain in the region of the stomach. Taking it for granted that Dr. Flint in his two visits had administered all the antidotes required, I took measures to combat the immediate symptoms occasioned by the corrosiveness of the poison, giving twenty drops of laudanum and recommending ice cream. In the evening, found the vomiting had ceased and the patient very comfortable.

Tuesday, July 16th. Called early in the morning to Mr. H., who had had a violent hiccough nearly all night; recommended sulph. ether; visited him about 9 A. M. Hiccough returned at every attempt to swallow fluid. Patient otherwise comfortable. Pulse a little excited. Skin moderately cool. Tongue coated. Bowels not moved. For the hiccough, prescribed musk. Gave magnesia for the bowels.

Wednesday, July 17th. Hiccough still troublesome. Eruption of variola appearing. Magnesia had acted well. Tongue still coated. Skin cool. Pulse 80, regular. Blister to nape, to remedy hiccough. No other treatment.

Thursday, July 18th. Night tolerably good; hiccough ceased. Eruption

more decided; promises to be thick about the head and around the nose. No fever; tongue cleaner. Had vomited once before breakfast; the matter was of a very dark brownish colour. I thought without doubt it was blood; demulcents and opiates prescribed; the latter only if necessary. In afternoon found him at a distant part of the room, sitting with a basin before him in the act of vomiting. He said it was only caused by the fluid meeting the wind in the stomach; vomited matter free from blood. This was the only vomiting since the morning.

Friday, July 19th. Felt better he thought; skin cool; tongue clean; pulse 80; vomited once just after taking breakfast; but no blood; some bile with the ingesta.

Saturday, July 20th. Vomited four times; complains of exhaustion; pulse 76; skin very cool; tongue clean. Eruption going through its regular stages; thick on the head and confluent, in several instances to the extent of five or six pustules; comparatively little on the body; nose much swelled and uncomfortable from the number of pustules on and around it; treatment, ice and demulcent drinks, with opiates at night.

Sunday, July 21st. Has vomited six times in the last twenty-four hours, rather copiously; the ejecta tinged with black bloody matter, mixed with some bile. Complains of an intense distress through chest when swallowing and at other times; skin very cool, almost unnaturally so; pulse 76, regular; tongue clean. No urine has been voided since the last Sunday, one week; no distress connected with this symptom; mind perfectly clear, though he wanders much in sleep; very restless both sleeping and awake; treatment continued.

Monday, July 22d. Symptoms unaltered; strength not remarkably less; eruption beginning, irregularly and partially, to dry.

Tuesday, July 23d. Vomiting more frequent; strength perceptibly diminished, restless; skin unnaturally cold; tongue clean; pulse 76; distress through chest increased; no sore throat; no pain in abdomen; no tenderness on pressure; no urine passed; bowels evacuated; discharges very black, thin; others thin but not unhealthy.

In afternoon no improvement. Feeling uneasy about him, saw him again at 10 P. M.; found vomiting not abated; prescribed olive oil and mucilage, with opiates.

Wednesday, July 24th. Symptoms not altered except increased in severity, especially the agony in the chest; strength evidently failing; requested consultation with Dr. Bigelow. Met him at 1 P. M.; treatment not altered; in evening some apparently slight alteration of symptoms.

Thursday, July 25th. Had only vomited once since last night; distress still unabated; other symptoms much as before; a slight improvement in his appearance.

Called in the evening at about 5½, found him dead.

Post-mortem examination at 8.

Some portions of the epithelium of the œsophagus were found removed, but Dr. J. B. S. Jackson thought that no importance could be attached to this.

The prominent point of interest in the case was the length of life after taking the poison. The entire suppression of urine; the cleanness of the tongue; the coldness of the skin; the absence of fever; of tenderness over the epigastrium, of frequency of pulse, also of any appreciable lesion after death.

Oct. 14.—Poisoning by Corrosive Sublimate. Death on the 13th day. Case read by Dr. JACKSON, observed by Dr. CHAPLIN, of Cambridgeport, having occurred ten years ago.—The patient was a married woman, twenty-five years old, who took one teaspoonful of corrosive sublimate with laudanum, for a suicidal purpose. She took the poison at about eleven o'clock A. M., and was found at about one, in the privy, vomiting and purging, with constant retching. There was pain in epigastrium, and a sense of burning and smarting in the throat. The symptoms continued gradually improving for four days, when she became able to keep down drinks, and was sufficiently comfortable. Continued confined to her bed for about a week, and Dr. C. thought she would recover; took farinaceous food, pulse 40, weak, bore pressure on epigastrium. On the eleventh day, she became worse; there being distress and restlessness; no return of vomiting, but some looseness of bowels with pus in dejections. Sank, and died on the 13th day. There was never any fever; was very pale, cool, with a look of prostration. Did not complain of debility till after the week of relief, i. e., the eleventh day. Condition of urine not noted. No autopsy allowed. The quantity of poison taken was, according to apothecary, sufficient for a pint of rum to be used as bed-bug poison.

Dr. C. E. WARE remarked that he had seen a case of poisoning by this substance, in which dysentery came on after the disappearance of the primary symptoms, causing the death of the patient on about the fifteenth day.

Oct. 14.—Fracture of the first Lumbar Vertebra. Case reported by Dr. H. J. BIGELOW.—A female, nineteen years of age, had, in the latter part of May, jumped from the second story window of a house, a height of twenty feet from the ground, alighting upon the nates. She was at once rendered paralytic in the lower extremities, losing all power of action, and all sensation, with complete paralysis of both sphincters. Upon examination, there was evident projection of the lower dorsal vertebræ.

At the expiration of a fortnight she recovered somewhat the power of retaining the discharges, while sensation partially returned in the limbs; yet, by the end of the succeeding week, when sensation was natural, there was no ability to move the legs.

Another marked symptom, from the first, was pain in and below the knees, excessive at toes. The bowels were constipated; while catharsis produced by medicine caused great pain, followed by prostration.

In September, the patient could move the right limb considerably, but had

lost flesh. At about this time was attacked with diarrhoea; which could not be easily restrained by remedies. This continued, together with great occasional pain in the abdomen, extending sometimes to the præcordial region, and probably partly due to the lesion of the vertebra, until death.

During the month of December, the patient was attacked with pain under the left clavicle and left shoulder, and accompanied with the usual physical signs of tubercular deposit; and from this time she gradually failed; the cough increasing and loose, night sweats supervening, emaciation progressive, diarrhoea continuous, attended with pain in the abdomen; appetite well; the pain in the legs occasionally severe.

The local sensation seemed to be natural, but the power of motion not increased in the legs. The patient died in February, about eight and a half months from the occurrence of the accident.

Autopsy twelve hours after death.—Head not examined. In *left lung* were found three or four large cavities; and miliary tubercles existed in the upper part, and throughout *right lung*. *Heart* normal. Scattered throughout mucous coat of *small intestine* were patches of inflammation varying in length from half an inch to an inch. Several small ulcerations were found near its commencement, and a single tubercle of the size of a small pea. In *large intestine*, from ileo-cæcal valve to descending colon, mucous coat highly injected, abnormally thickened and rugous. From cæcal valve to a distance of twelve inches, nearly the whole surface was in a state of ulceration. *Liver* slightly fatty; *other organs* normal.

On examining the spine, the body of the first lumbar vertebra was found to be completely crushed anteriorly, so that the adjacent vertebrae came together at their anterior edge, giving rise to considerable antero-posterior curvature and protrusion of the spinous process. The body of the same vertebra was thrust backwards in fragments upon the spinal cord, compressing it, and obliterating the canal in half its diameter. The abdominal periphery of this vertebra was also surrounded with a ring of callus, of about the thickness of a quill, and which served as a sort of splint to the adjacent vertebra. The last dorsal vertebra presented upon its superior and inferior surfaces a split or crack of a T shape, completely traversing its substance; while the second lumbar vertebra was slightly chipped upon the upper and posterior concave edge of its body.

Oct. 14.—*Extirpation of a Horn from the forehead of a woman aged eighty-two years, with a description of the case by the operating surgeon, Dr. SOUBERVIELLE, of Paris.*—Dr. J. B. S. JACKSON exhibited the wax model, belonging to the College Cabinet, of the head of a woman with a horny excrescence, from eight to nine inches in length, growing from the forehead. A model of this peculiar case is to be found in several other museums of the country. The following is a description of the case as given by Dr. Soubervielle, the operating surgeon.

"Madam Dimanche, widow, aged eighty-two years, laundress, living in the rue de Bercy, Faubourg St. Antoine, noticed, six years since, a small wart upon the forehead, just above the right eyebrow. This excrescence gradually became elongated and enlarged at its base, the skin over its summit having a dry, earthy appearance. As this vegetation developed, it presented a corneous appearance, and at the end of six years from the time it was first observed it presented the appearance of a ram's horn, being at least twenty-five centimetres in length, from three to five centimetres in diameter, and curved in its lower two-fifths, having a blackish-brown aspect, being deeply striated lengthwise, and of considerable weight. Its tissue was dry and brittle. One of the members of the Royal Academy of Medicine in handling it with too little care broke off its point, the interior appearing solid, compact, and its tissue corneous.

"The base of the horn was implanted in the skin of the forehead, which there presented a small circular neck, the tumour having nothing in common with the frontal bone. This circumstance rendered the weight of the horn extremely fatiguing to the patient, who, to obviate this inconvenience, had constructed a linen case, in the form of the tumour, which was encased within it, the base of the sheath being fastened to her night-cap band.

"I performed the operation of extirpation by making a circular incision around the base of the tumour, and raising from it the portion of skin adherent to it. There was no arterial hemorrhage. I covered the wound with a bit of agaric and it healed readily, almost without suppuration.

"A curious fact in connection with this case is that this patient had previously had a tumour of the same nature just above the thumb, which was removed by Dr. P——. She had also at the time of the last operation an excrescence from four to five centimetres in diameter, and of the length of the little finger, attached to one of the cheeks by a narrow pedicle, and which she removed herself."

Paris, March 12th, 1845.

Oct. 8.—Gangrene of Appendix Vermiformis. Hardened Faeces found in its cavity. Case reported by Dr. STORER.—The patient was a boy twelve years old, under the care of Dr. Cutter. Was taken on Friday, Oct. 16th, with symptoms of peritonitis. Dr. Storer saw the case in consultation on Friday last. He was lying on his back, with the knees drawn up, suffering from extreme pain in region of umbilicus, and from dyspnoea; with great tenderness over the whole region of abdomen. Had had no operation since Sunday. The patient died on Friday, the day of Dr. Storer's visit, after one week's illness. On examination after death, there was found gangrene of the appendix caeci, and, contained within its cavity an oblong, oval mass of hardened faeces with several short pieces of hair running through it; no perforation had taken place. There was general peritonitis, with a purulent deposition in the cavity of the pelvis. The omentum was very purple and also that portion of the

peritoneum that lines the external walls of the abdomen. The fecal matter contained in the appendix was quite hard, and in layers, compared by Dr. Cutter to some calculi he had seen.

Dr. BIGELOW remarked, that two questions naturally suggested themselves in regard to these cases; 1st, why certain foreign bodies should in some instances find their way into this cavity, and not in others; and 2dly, why such bodies should, in certain cases, produce inflammation of the part, while in others they remain for years in this cavity, without producing any morbid results.

Dr. B. alluded to two cases, in one of which, two calculi were found in the appendix, which must have been there for a considerable time before the inflammation came on, which proved fatal to the patient. The other was the case of an eminent physician who died at an advanced age, and in whose appendix were found a large number of shot which had been accumulating there for years, without being followed by any morbid consequences.

Oct. 28. Intermittent Fever, originating in Boston. Case reported by Dr. THAYER.—A boy, twelve years old, who had been previously in good health, was on the common during the display of fire-works on the evening of Sept. 18, 1850, sitting on the ground. The air was very cool, and a fog prevailed during the evening. The next day, in the afternoon, he had a moderate chill, followed by heat and then sweating. On the third day (Sept. 20th) the chill and heat were more severe, and were repeated daily, at regular times, for ten days before advice was obtained. On the 30th Sept., Dr. T. saw him, and learned that his chill began at 5 P.M. and continued with severity till 6½, when extreme heat came on, and lasted until 11 P.M., at which time it was superseded by sweating, which continued through the night. The paroxysm was attended with severe pain in head, neck and back. During the remainder of the day, there was complete intermission, and with the exception of a degree of debility, there was no complaint whatever. Indeed, during most of the time, he had been at school as usual.

The child had lived in that part of Eliot street lying between Washington and Tremont streets, since he was six months old; and for ten years he had not been out of Boston over night; and had never in his life been farther than Dorchester.

He took sulphate of quinia, gr. 4½, daily. On the second day of the treatment, the paroxysm was not attended with pain, although the pain was present again on the third day. On the third day, the paroxysm was shorter; on the fourth, heat and sweating, without chill, and with very little pain; and from this time there was no appearance of the paroxysm whatever. On the fifth day, the sulphate of quinia was increased to 8 grains daily, and continued for four days longer.

Up to the present time there has been no return of the affection, and the child has been as well as ever.

Nov. 11. Excision of Superior Maxillary Bone. Result unfavourable.—

Dr. S. PARKMAN exhibited the removed portion, showing a peculiar disease. A tumour had formed in the antrum, destroying by pressure the superior and posterior walls of this cavity, protruding into the cheek, and incorporating itself with the substance of the masseter muscle. In its progress, the orbital edge and the zygomatic process were destroyed by erosion, but the bone did not participate in the disease. A cut surface showed the structure white, and presenting fibres arranged side by side, with the appearance as seen in a common wart. The centre of the tumour was entirely disorganized, being diffuent and highly offensive. The tumour was not cancerous, and a microscopical examination showed the tissue to be composed of epithelial scales, making it probable that the disease originated in the mucous membrane of the antrum.

The patient was a man sixty-two years of age, who had suffered six months from a swelling of the right side of face, with very acute pain. Previous to the operation, the seat of the disease presented a smooth tumour extending from the temporal region to the lower jaw, measuring $5\frac{1}{2}$ by $4\frac{1}{2}$ inches in its two diameters, firm and painful on pressure, and causing, of course, great deformity. Enlarged veins were ramified over the surface, but these were only an exaggeration of a natural condition existing on the other side. There was no protrusion into the mouth; the teeth were all absent, but from the socket of one a small fungus protruded, and a probe passed into this opening traversed the antrum, and made its appearance in the nostril, whence there was a profuse, fetid, puriform discharge, obstructing the passage of air.

The operation was performed by a single first incision from the temple to the angle of the mouth, and a second, dividing the upper lip to the nostril; the flaps were dissected from the surface of the tumour and the bones divided by cutting forceps. After removal of the principal portion, the disease was found to have extended backwards towards the base of the skull involving the pterygoid process, &c. It was not thought advisable to pursue the dissection in this direction, and the actual cautery was freely applied. The wound was united by sutures, &c., and healed almost entirely by the first intention, the patient doing very well, until the eighth day, when there were symptoms of a pneumonic affection, and the patient died on the eleventh day. The post-mortem examination showed a pneumonia of the right lower lobe, the disease presenting some of the characters of the affection arising from purulent absorption, the inflammation concentrating itself in spots, which exuded a grayish pus on pressure.

Sept. 9, 1850.—On certain Phenomena connected with Etherization.—

Dr. SAMUEL KNEELAND read the following paper.—It is generally admitted that the condition of etherization is analogous to that of intoxication; the first symptoms being those of stimulation, the following those of narcotism.

The curious fact that sensibility may be destroyed while the intellect is active seems to find an explanation in the view of Dr. Carpenter, "that the

seat of pain, or tactile sensibility, is in the great cephalic ganglia, while the intellectual functions reside in the cerebral lobes."

Longet, from certain cases where, with the usual signs of pain, no pain has been suffered; in other words, where the pain has been *felt*, but not *perceived*, from the supposed affection of the *cerebral lobes* without the *ganglia*—has maintained that in these cases the *lobes* are first affected, contrary to Dr. Carpenter's opinion. These cases of imperfect etherization, as we now know they were, hardly justify his conclusions; for the signs of pain might be equally well considered as *reflex* actions depending on the still preserved integrity of the *true spinal marrow*, which does not appear to be etherized till after the *cerebro-spinal* system.

Flourens, one of the first experimenters on this subject, has given the following as the order in which the nervous system comes under the influence of ether: cerebral lobes, cerebellum, spinal marrow, lastly, the medulla oblongata. It is now evident, from the better understood phenomena, that this order must be somewhat changed, as follows: the cerebellum; cephalic ganglia; true spinal marrow; ganglia of special sense and cerebro-spinal system; and the cerebral lobes last of all—if indeed the latter can ever be fully etherized without fatal results.

M. Pappenheim, in experiments on the structure of nerves which had lost their functions under the influence of ether, says that a very slight alteration may destroy their function; the fluidity of the nervous mass diminishes, and the nerve shrinks and is separated from its sheath. This effect varies with the consistence of the sheath, and the fluidity and chemical nature of its contents. He also discovered that the peripheral fibrils of a nerve may lose their sensibility before the central ones. This may explain why the delicate nerves of the cerebral ganglia should lose their functions sooner than the grosser spinal nerves; in a word, why the functions of the nervous system should be *successively* abolished.

Ether enters the system both through the nerves and blood-vessels. Its influence conveyed by the pulmonary nerves unquestionably produces its primary stimulating effect; while its narcotic effects are produced through the blood-vessels of the lungs.

Flourens has noticed a curious phenomenon connected with ether, which he does not account for. He had proved that ether inhaled by the lungs destroyed sensation before motion; he afterwards found that ether injected into an artery, on the contrary, destroyed motion before sensation. It would not be supposed, *a priori*, that the same agent introduced into the blood at two different points would affect the nervous system in opposite manners. As the course of the circulation in the latter case is in the direction of the *motor* nervous influence, while in the former it is in the direction of the *sensitive* influence, perhaps the phenomena are in this way connected. The injection of ether into the *veins* produces the same effect as its inhalation.

Amussat and others maintain that the insensibility produced by ether and

chloroform depends on *asphyxia*, on insufficient oxygenation of the blood; and that this is proved by the change of the colour of the blood from bright arterial to dark venous, this change always preceding insensibility; though the change is so quickly reversed, that breathing pure air for a few seconds brings back the arterial colour. Ether has been supposed to cause asphyxia by obstructing the endosmosis of oxygen by the capillaries of the lungs to such an extent that an increased supply of oxygen with the ethereal vapour does not retard the period of insensibility. This opinion was strengthened by the fact that the same insensibility could be produced by other gases (not poisonous) improper for respiration, as carbonic acid, nitrogen, hydrogen, nitrous oxide, &c. But we know that the insensibility from ether is not due to a cessation of pulmonary hæmotosis, as an animal may be as quickly and as fully etherized by injecting ethereal vapour into the rectum, or ether into the circulation, the lungs being left perfectly free for the oxygenation of the blood. There is no necessary connection between the dark colour of the arterial blood and ethereal insensibility; if the blood be dark, and there be commencing asphyxia from deficiency of respired oxygen, it is not essential to, and indeed ought never to occur, in the process of etherization; for, though asphyxia be a sure way of causing insensibility, it is not the safe insensibility from ether or chloroform. It would seem that a comparison between the first applications of ether (when many accidents undoubtedly happened from partial asphyxia) and the present method (where a full supply of oxygen is secured) should be sufficient to show that ether has a special and *primitive* action upon the nervous centres, quite different from that produced by gases unfit for respiration; and that, if asphyxia sometimes occur, it is a complication and a *secondary* phenomenon.

Though asphyxia be the result of a deficiency of oxygen, or, what is here equivalent, an undue accumulation of carbon in the blood, there may be a condition, without deficiency of oxygen, and at the same time with an increased supply of carbon, which might be called asphyxia, and which might give a dark colour to the blood. Now, the first condition, asphyxia proper, is fulfilled by the irrespirable gases; the second by ether and chloroform, both of which are rich in carbon, and yet may be introduced to the nervous centres with properly oxygenated blood in the space of twenty seconds. The question here naturally arises, whether the peculiar effects of these agents do not spring from a chemical action of *carbon* on the fatty and albuminous constituents of the nervous tissues. The action of alcohol, also rich in carbon, would allow a similar explanation, viz., the action of *carbon* on a brain stimulated by properly oxygenated blood.* Similar effects would also be produced by a blood

* We know that, of two liquids containing an equal amount of alcohol, that one which contains the most carbonic acid possesses the most intoxicating properties. Compare, for instance, champagne and hock, each of which averages about 12 per cent. of alcohol; or fresh and stale ale. Even drinks containing no alcohol, but highly charged with carbonic acid, as the "soda-water" of the shops, produce not a little exhilaration in those unaccustomed to their use.

containing such an extra amount of *carbon* as to render it unfit for keeping up the activity of the cerebral circulation; so that ether might as effectually suspend the circulation through the brain as Sir Astley Cooper's experiment of tying both carotids, and then compressing the vertebral arteries; which produced in an animal immediate loss of sensation and motion, both coming on again when blood was re-admitted. With this view, there would be excess of carbon in the cerebral vessels, stagnation of their circulation, and consequent insensibility. In both cases, excess of *carbon* being the cause of *anæsthesia*.

Chloroform has been supposed to exercise its influence principally on the *blood*, while ether acts on the nervous tissue; chloroform by rendering the blood unfit for the stimulation of the brain, ether by rendering the brain incapable of excitation. Some of the deaths produced by chloroform have been ascribed to its causing air in the vessels; and in some of the autopsies, particularly of Madlle. Stock (whose case was the subject of Malgaigne's Report on Chloroform before the French Academy), air has been found very extensively in the vessels; but whether this was common atmospheric air, or carbonic acid, or some other gas from decomposition of the blood during life or after death, no examination seems to have decided. Chloroform has a marked chemical action on the blood, which might give rise to this great and sudden development of gas; carbonic acid exists normally in the blood; chloroform might disengage an abnormal and fatal quantity, or it might again assume a gaseous form itself in the vessels. Chloroform increases the quantity of the serum, thus accounting for the remarkable fluidity of the blood so often noticed, and diminishes and condenses the fibrin; hence, the poorer the blood, the more dangerous must be the consequences of its use. According to Guérin, the globules of the blood, brought into contact with chloroform, contract, lose their colour and form; little bubbles of air arise on their surface; and some of them entirely disappear.

It is generally admitted that chloroform is much more dangerous than ether; and it would be interesting to know upon what its fatal results depend. Asphyxia may be left out of the question. Does it act on the nervous tissue, or on the blood primarily? are its effects due to an instantaneous poisoning of the blood, as some have supposed? or does it paralyze the nervous substance? Does it cause the phenomenon of air in the heart and vessels, and is death caused by this lesion?

Dr. KNEELAND added that, on these and kindred questions, of great interest and importance, which naturally presented themselves, he should be glad to hear the opinions of gentlemen who had had greater experience in the use of *anæsthetic* agents.

With reference to this subject, Dr. JACKSON mentioned a case of etherization which proved fatal, in which there was a development of gas in the heart. Although the examination was made but a few hours after death, the signs of putrefaction were quite marked.

Dr. TOWNSEND thought that in many cases there was a spasm of the *vas-*

sels of the lungs, resembling asthma, produced by the first inhalation of ether, which might interfere with the proper oxygenation and decarbonization of the blood. Dr. T. had noticed, in some cases, a coating of saliva covering the surface of the sponge, which it was necessary to remove, as it prevented all access both of ether and of atmospheric air.

In answer to a question by Dr. HAYWARD, Dr. BETHUNE remarked that he had not found asphyxia so likely to follow the inhalation of *sulphuric* as of *chloric* ether.

Nov. 11.—Sudden death from probable Chronic Disease of the Heart, combined with Edema of the Lungs. Dr. BOWDITCH reported the case.—The patient was a lady, forty years of age; active in mind and body; seven months advanced in pregnancy; formerly had had pulmonary difficulties; within the last year has had dyspnoea with palpitation. Some time since, after waltzing, had palpitation and hæmoptysis; quite lately, recurrence of hæmoptysis; quantity of blood expectorated about a teaspoonful. Both of these accessions followed bodily and mental excitement, having been waltzing on one occasion, and on another having visited friends in the city. The last and fatal attack was while in the city. Dr. B. was called to her, and found her at the house of one of her acquaintance, which she had with difficulty reached, having been seized with dyspnoea while walking. She was breathing very hurriedly, with great distress, and coughing occasionally; raised large quantities of watery fluid, quite drenching several napkins. She was in a sitting posture, scarcely able to speak—begging for air, with hands livid and cold, and pulse scarcely perceptible. Dr. B. directed the application of external irritants, heat to the extremities, and syrups, nitrous ether, &c., with a view to exciting the circulation and relieving the cough. Patient grew worse and more distressed. Dr. Ware, sen., saw her in half an hour after the attack, in consultation with Dr. Bowditch. During a temporary absence of Dr. B., the patient rose suddenly from the bed, in a paroxysm of dyspnoea, fell back, and died immediately. Dr. B. detected very fine crepitant râle in right back, throughout, during a very hasty examination; the condition of the patient not allowing anything more than the most trivial exploration. No post-mortem examination could be obtained. Dr. B. thinks there must have been chronic cardiac disease, and that this was conjoined with pulmonary oedema, which, suddenly occurring, had suffocated the patient.

Nov. 11.—Encephaloid Tumour between the Rectum and Bladder, with the same disease in the Liver.—Dr. JACKSON reported the case which he had recently observed, and which occurred in the practice of Dr. M. S. PERRY. The patient was sixty-four years of age, had formerly been a seafaring man, but for many years had led a very sedentary life. Subject to hemorrhoids, and habitually costive; but otherwise healthy. Last February there came on pain in defecation, and often so urgent as to require opiate injections. Large

doses of cathartic medicine required at first; but about the month of April diarrhoea came on, and continued almost without intermission until death. Extensive sloughing took place about the months of May and June, and with much relief to pain, though there continued much tenesmus; dej. involuntary. In May and June, hemorrhage occurred frequently, and to such an amount as to threaten life. Patient also suffered much from dysuria, became greatly reduced, and gradually sank under the disease, but without any symptoms referable to the liver.

On dissection, the cavity of the pelvis was found to be filled by an extremely soft and well marked encephaloid mass; partly white, but more or less coloured by blood, of which there was a considerable effusion. In the midst of it was a cavity one and a half inch in diameter, and formed perhaps from such an effusion; the inner surface being generally smooth, and of a deep brown colour, but having some old coagula adhering to it. The rectum had sloughed entirely away, to the extent of about five inches; commencing just above the anus, and involving the whole circumference, except for a narrow, irregular, thin strip. The edges of the intestine were soft and much discoloured, but not at all carcinomatous; the mucous surface just above the disease being healthy; and it was upon this last circumstance that the tumour was supposed to have originated externally to the intestine. The large intestine contained throughout a considerable quantity of soft feces. Bladder somewhat reticulated upon the inner surface, but otherwise not remarkable.

The liver contained great numbers of carcinomatous masses, generally tinged by effused blood, though some were of a pearly white colour. Hemorrhagic tendency strongly shown, though there were no large effusions. The most unusual appearance in this organ was the formation of cysts, varying from half an inch to an inch in diameter; some contained clear, yellow serum, and were lined by a serous-looking membrane; others contained almost pure blood, viscid and very dark; but generally there was a mixture of blood and serum. As in the case of the cyst in the pelvic mass, the inner surface was often smooth, and of a dark brownish colour, as if formed from the effused blood, with some opaque buff-coloured deposit, which under the microscope was found to be fat; other cysts were lined by a white encephaloid substance, or by a mixture of this and effused blood. In one or two places, there was found, to the extent of about two-thirds of an inch, a very delicate, yellowish, lax, cellular tissue, infiltrated with serum, but quite defined, and without a trace of encephaloid or effused blood; an appearance not very unlike what is occasionally found in the brain after an old apoplectic effusion. Intervening structure healthy, as usual in these cases. Organ not enlarged. No peritoneal adhesions; nor was any further disease found in the other organs.

Nov. 25.—Encephaloid Disease of the Liver and Stomach. Pulmonary Apoplexy; with Rupture into the Pleural Cavity.—Dr. JACKSON reported the case, which occurred in the practice of Dr. ALLEN, of Cambridgeport, and which

he examined a few days ago. The patient was a farmer, aged fifty-four, and of robust health, except that for several years he had been subject to lead colic, the lead pipe that supplied his house with water being very much corroded; there was also the characteristic blue line about the patient's gums. Last April he took, for an obstinate attack of constipation, very active cathartics, and at last croton oil; this was followed by intense pain in the abdomen, which lasted for several hours, and more or less for some weeks. From that time until his death he complained of distress, and often of urgent pain in the region of the liver, tenderness on pressure over the organ, and a sense of weight so that he was unable to lie upon the left side, and often, when sitting up, was obliged to incline forwards upon the back of a chair; the distress he often compared to constriction as from a cord about the waist. The liver was felt to be enlarged when Dr. A. saw him about six weeks ago, and increased considerably in size before death; dej. clay-coloured at that time, but under the use of the hydriodate of potash the colour soon became natural; skin never yellow; never complained of his stomach; appetite sufficiently good until the last three weeks, and he even ate a slice of boiled beef four days before death, and bore it well. This comparative latency Dr. J. has observed in several other cases of carcinoma of the stomach, where the disease seems to have supervened upon that of the liver. No hæmoptysis, nor any other symptom tending to a suspicion of pulmonary disease. Patient became much emaciated; but kept about until three weeks before death, from which time he was confined to his bed.

On dissection, the liver weighed about nine pounds ten ounces, and was filled with encephaloid masses of about the average consistence, contrasting strikingly with the case last reported, as it did also in the fact of there being nowhere any effusion of blood in connection with the carcinomatous deposit. There was also another striking difference between this case and the other, in regard to old peritoneal adhesions, which here were universal between the liver and the diaphragm. Such adhesions Dr. J. has rarely, if ever, observed in other cases of this disease, and he is disposed to connect the fact with the local symptoms, of which the patient had complained so much during life; the disease, when confined, as it usually is, to the interior of the organ, being not unfrequently met with when nothing had led to a suspicion of its existence.

The pyloric portion of the stomach was pretty extensively carcinomatous, with ulceration, which penetrated into the muscular coat, the structure being whitish and condensed; the cellular membrane and lymphatic glands in the neighbourhood were also affected; and there were traces of the disease upon or beneath the diaphragmatic pleura on the right side, and the peritoneal surface within the cavity of the pelvis.

The left side of the chest was observed to be somewhat enlarged, and very resonant on percussion; and on puncturing it there was a free escape of inodorous gas. The cavity contained five or six ounces of nearly pure blood,

and over the anterior portion of the lower lobe was a thin, filmy deposit of fibrin, apparently from the effused blood; there being no appearances of pleurisy. Beneath this fibrinous deposit the pleura was stripped up to some extent, and in the substance of the lung immediately beneath it was a ragged cavity, which, though empty, was capable of holding two or three ounces; the surrounding pulmonary structure being more or less infiltrated with blood; into this cavity the air entered freely from a neighbouring bronchus on inflation. Pulmonary apoplexy was also found to a considerable extent in the back part of the upper left lobe, and to some extent in different parts of the right lung, but without any further breaking down of the structure. Dr. J. had never before met with laceration into the pleural cavity in these cases, but referred to Cruveilhier's remarks upon its occurrence. The other organs were healthy.

Nov. 25.—Buttons in the Intestines producing symptoms of obstruction. Case reported by Dr. HOMANS.—A male child, aged 14 months, on the 28d of October seemed quite unwell, after passing an uneasy night. There was strong effort at expulsion of matters from the bowels. Under these straining attempts, some feces passed, without relief of symptoms; pulse accelerated; skin hot; tossing of head, &c.; slight vomiting also occurred; suspicion of intussusception arose. In the night, the above symptoms having been on the increase for twenty-four hours, a teaspoonful of castor oil was given. Through the night severe pain of paroxysmal nature; the intervals marked by perfect ease; the pain being compared by the mother to uterine efforts in parturition. On the following day, the child was much more ill and feverish, and Dr. H. saw it at nine o'clock A. M.; tenesmus urgent; patient moaning; skin hot; pulse full and quick; a slight discharge of bloody water from bowels. On palpation of abdomen, a hard swelling was detected, about half way between umbilicus and crest of right ilium, of the size of a pullet's egg. On examination by the rectum, a hard mass was discovered, somewhat yielding to pressure by the finger. A large enema was given from a powerful syringe, which was unsuccessful; the fluid being returned before overcoming the obstruction. A second injection was given; in a short time an explosive sound (internal) immediately preceded the discharge of a large lump of solid feces, pushing before it a small *button*; several dejections followed in quick succession, composed of solid and fluid matters, among which were passed *seven buttons*, made from horn, porcelain, and metal, and varying in size from those used for pantaloons, to the ordinary shirt button. The child was soon relieved, and has been well since. Nothing had passed from the bowels for forty-eight hours previously to the attack.

Dr. Homans remarked that the case was important as illustrating the necessity of accurate diagnosis; several of the distinctive features of intussusception and hernia being present, viz., the discharge of bloody fluid, and the tossing of the head so often noticed in intussusception; while the coldness of

the external surface, frequently remarked therein, did not exist in this case. There was slight vomiting at first, and likewise the inability of passing feces, even with violent effort, which might have led to a suspicion of hernia. The detection of a tumour by the finger suggested the use of an enema, as affording a chance for the removal of any foreign body obstructing the intestine.

Nov. 25.—Collection of Pus in the cavity of the Uterus; operation for opening Os Uteri, closed by a firm Septum; progressing recovery from uterine disease; subsequent death, after gastric disorder, induced by excess in eating.—The subject of the subsequent report was a patient of Dr. HYNDMAN, of this city, from whose letter, giving a history of the case, as first observed by him, the following abstract is presented. The letter was read to the Society by Dr. STORER, who afterwards saw the patient in consultation, and whose observations will be given below.

Dr. Hyndman first visited the patient on 3d of August last; nine days previously, on the second day of a regular menstrual period, patient wetted her feet; catamenial discharge ceased suddenly. Patient reported having had a *rigor* the day before Dr. H. first saw her; acute pain in left side followed, "extending from the crest of the ilium, upwards, as far as the edge of the floating ribs, and as far forwards, towards the mesial line, as the umbilicus." Calomel and opium, in combination, were given, and "turpentine stupes" applied over abdomen. The above-mentioned pain extended, after three days interval, across mesial line, towards right side; but little pain was complained of, at any time during the attack, over the pubic region: nothing would have excited suspicion of metritis. The patient improved under the above treatment, and, in a fortnight from the time when she had the *rigor*, was able to be about. Three weeks later (six weeks from time of sudden suppression of menses), patient called to say "that she had not been *unwell* for six weeks;" she was pale and "chlorotic" in appearance. Dr. Hyndman prescribed tonics; a week afterwards, on seeing his patient, Dr. H. was told by her that she had noticed "something of a swelling," just above pubis; on examination, Dr. H. observed "an unusual fullness in that region;" he supposed it might be retained menstrual fluid; swelling, however, was not very marked: *savine*, in conjunction with the other medicines, was ordered. Shortly after, imprudence in eating induced an attack of gastric irritation, accompanied by pain and vomiting. Relief by opiates. Six weeks after this, the abdominal "swelling," before mentioned, had so increased that the appearance was that of a person in the seventh month of utero-gestation. Dr. Storer was now called in consultation.

Continuation of the Case. By Dr. STORER.—Dr. S. saw this patient with Dr. Hyndman, on the 11th inst., and found her to be a young woman seventeen years of age. Her abdomen was as large as that of a woman's far advanced in pregnancy, presenting a peculiar form, however, the enlargement being anteriorly, as if something projected directly forwards—there was but slight

fullness laterally. She complained of some tenderness in abdomen, upon pressure. The breasts were not enlarged, and no change in the areolæ could be perceived. Upon examination, *per vaginam*, which produced considerable uneasiness, the body of the uterus was found to be somewhat distended, and upon pressure gave to the finger the sensation of contained fluid. She has had no discharge of any kind from the vagina since the suppression of her catamenia. Dr. S. agreed with Dr. Hyndman in his diagnosis—that *the uterus was distended by fluid*—but, as the menses had been suppressed only about three months, he thought that they alone could not have produced the great tumefaction, but that, acting as an irritating cause, they had probably excited the uterus to pour out an abundant secretion besides. It was proposed to pass an instrument into the os uteri to empty the organ of its contents. Dr. Hyndman consenting, Dr. S. endeavoured, the sixth day, to pass a *gum-elastic catheter*, supposing that there would exist only a simple agglutination of the lips together—but was surprised to find that the instrument would pass but a short distance beyond the os uteri, and that only by applying considerable force—and when withdrawn, its extremity was covered with mucus and blood. *Simpson's sound* could be passed with no more ease. Dr. S. decided that the adhesion of the cervix was so firm as to require a trocar, or some other cutting instrument, to remove it, and suggested that the operation should be performed by a surgeon. Dr. J. M. Warren saw patient the following day, and after a very minute examination of the case, coincided in the above opinion—and passing a trocar into the os, and then, with considerable force, through the adhesions of the cervix, freed the uterus of *seven pints of offensive pus*. The girl is now (25th) doing well, although more fluid is evidently collecting in the uterus.

It would appear, from the above history, that with the *peritonitis*, produced by the sudden suppression of the catamenia, *metritis* had existed—which united the lips of the os, checked the menstrual function, and caused the lining membrane of the uterus to pour out this great quantity of purulent matter.

It may not be uncommon for *metritis* to exist, and for any secretion to be poured out of the uterus, which may be the result of the inflammation—but from the fact that several writers make no reference to any *collection of pus* in the uterus, and that the translator of Boivin and Dugès' work points to a case of this description by Dr. John Clarke, contained in the third volume of the "Transactions of the Society for the Improvement of Medical and Chirurgical Knowledge," it is inferred that cases of a similar character to that now reported must be of rare occurrence.

Upon looking up Dr. Clarke's case above referred to, Dr. S. found it entitled, "Case of a Collection of Pus in the Cavity of an unimpregnated Uterus." In this case, the patient was sixty-five years of age, and had ceased to menstruate for several years. After having a discharge, for several weeks, from the vagina, which was at first sanguineous, but afterwards became of a brownish colour, and offensive to the smell, "the patient was suddenly seized upon waking,

during the night, with violent pain in the lower part of the abdomen, and a sensation as if something had given way there." The next day she died. Upon an examination of the body after death, the uterus was found gangrenous, and perforated at its upper part—through which opening, pressure being made, a quantity of offensive pus issued; seven or eight ounces of similar pus were found in the cavity of the abdomen, which had been poured out of the uterus, and about five ounces were still retained in that organ. The orifice between the cavity of the uterus and its cervix was closely contracted, so as not to have allowed the contents of the uterus to be discharged through it; and the previous discharges which had existed "must have been poured out from the cervix and os uteri, and from the vagina."

Sir Charles Mansfield Clarke, in his "Observations on those Diseases of Females which are attended by Discharges," speaks of two cases of large collections of pus being produced in the uterus by inflammation; in one of them, "the uterus was found to be so much enlarged as to fill the cavity of the pelvis." A spontaneous discharge of the fluid finally occurred from the vagina, and the patient recovered. In the next case, "the pelvis was found completely filled by an enlarged uterus, which was also perceptible above the pubis," a sudden discharge of offensive pus took place through the rectum, which continued to flow for a time with the feces, and then entirely ceased; the uterus returned to its normal size, menstruation took place, and the patient recovered.

At a subsequent meeting of the Society (Dec. 23d), Dr. Storer reported as follows in regard to the patient whose case is above given. Three pints of pus, in addition to the former quantity, had been removed from her uterus, by Dr. J. M. Warren, four weeks after the first operation. About a week after the second operation, having, for weeks, lived upon a liquid, farinaceous diet, the patient ate immoderately of potatoes and cabbage; immediately after this meal, she was attacked with bilious vomiting and purging, which resisted all remedies, and she rapidly sank and died. Dr. Hyndman, who had charge of her, says that not the slightest febrile action followed either of the operations, but that she was doing very well, until the above narrated excess in eating was committed. No post-mortem examination was obtained.

Dec. 9.—Scirrhus Tumour of the Rectum and Bladder.—Dr. J. M. WARREN exhibited a specimen of scirrhus disease of the rectum, and stated the case, which was as follows: The subject was a gentleman fifty-six years old. Nineteen years before, he had been operated on for the piles, and at that time a small hard tumour was discovered near the anus, which he declined having interfered with. He has occasionally had attacks of pain in bowels and indigestion, but never any serious symptoms in the rectum. He has always had diarrhoea since. About a year ago, Dr. W. was called to him on account of a retention of urine, and on an examination being attempted per anum, it was found that the rectum was obstructed by a scirrhus mass, which pre-

vented the introduction even of the little finger. The retention was gradually overcome by the use of the catheter in the course of a fortnight, and the patient has had moderately good health during the summer. Two months since, Dr. W. was called to him with a second retention, which gave way to remedies, without the use of the catheter. It was, however, shortly followed by a universal dropsical effusion, and the patient gradually sank exhausted.

On examination, the last four inches of the rectum were found pervaded by a scirrhus mass, leaving in the centre a narrow pathway for the feces. The disease had extended to the bladder and urethra, so as to encircle the tumour and apparently to implicate what has been called the middle lobe of the prostate gland, which projected into the bladder and occupied about a third of the cavity.

Owing to the loose state of the bowels, this patient had been able to live for nineteen years with this tumour, and suffered but little inconvenience from it, and in fact was not made aware of its existence by any pain or other sensation, unless by an occasional irritation of the skin in the neighbourhood, on account of the imperfect manner in which the evacuations were controlled.

The left kidney was in a high state of inflammation, and there was some purulent deposit in the pelvis of that organ; the ureter was not extraordinarily distended.

It might be stated that, during the last week of his life, he refused food entirely, on account of the difficulty and pain in swallowing, caused by an inflammation in the fauces. Very severe hicough ensued, which was mitigated, and the last part of his life made easy, by the use of chloric ether administered from time to time on a sponge by the nurse, as occasion required.

Dec. 9.—Acute Nephritis; latent.—Dr. JACKSON exhibited the specimens, and reported the following case, which he examined a few days ago, and which occurred in the practice of Dr. John Ware. The patient was a woman fifty years of age, and had been sick since the summer of 1849. Disease came on with vomiting, purging, and excessive pain in the abdomen, lasting more or less for several weeks. Last February, Dr. W. saw her, with much the same symptoms; there was then also felt a tumour below the right hypochondrium, varying much in size at different times, and usually very tender and painful; whole abdomen occasionally distended and tympanitic; she gradually sank; the immediate cause of death being probably the nephritis, or a pneumonia which was found to some extent, though no symptoms referable to either disease were observed during life. The urine not being deficient in quantity, though for a short time before death it deposited a thick lateritious sediment.

On dissection, both kidneys were found most extensively inflamed, and the form of inflammation very much like what is observed in the case of purulent deposits; being in distinct foci, from a fourth to half an inch in extent, and characterized by an effusion of thick pus, or by a mixture of pus and lymph,

or by the simple infiltration of lymph; the redness about the deposits being very limited, and evidently due, in part, if not wholly, to the extravasation of blood. Where pus alone is found, proper abscesses are of course formed. The intervening structure healthy; the tubular portions being scarcely, if at all, affected; mucous membrane very slightly affected. The idea of phlebitis not having occurred, the veins were not examined.

The stomach and intestines were examined carefully throughout, and found to be quite healthy. The liver, however, was somewhat diseased in structure; and though not generally enlarged, the right lobe was prolonged downwards nearly to the ilium, forming the very distinct and movable tumour felt during life. The absence of any disease in the alimentary canal, even supposing the liver to have been previously affected, appeared to be an interesting circumstance.

Another curious fact was observed in this case, and which Dr. J. has met with once before, though he has never heard the possibility of it alluded to, and that was the existence of a small distinct tumour formed by the pylorus, though this portion of the stomach, as well as every other, was healthy, the thickness and consistence being perfectly normal. The tumour was as distinct after death as before, and the explanation of it was determined as soon as the abdomen was opened.

Dec. 9.—Tumour of the Orbital Cavity. Extirpation of the Eye. By Dr. HOOPER.—The patient from whom this disease was removed was a pale, feeble-looking man, fifty-three years old. The disease had existed in the left eye for three years, was never attended with any severe pain, but a sense of weight and uneasiness. The eye was much protruded, the organ itself not enlarged, cornea transparent, much chemosis of the conjunctiva and eversion of the lower lid, vision entirely gone for the last two years. Oct. 29. An exploratory incision gave issue to a quantity of serous fluid, and the protrusion became much diminished, but again increased; and on the 26th of November, the eye was removed (patient under the influence of ether). There was found behind it, and slightly adherent to the sclerotica, a tumour, which, examined by Dr. H. J. Bigelow, was found to be of a semi-transparent structure, and of an albumino-fibrous nature. Dr. Bigelow showed drawings of the microscopical appearances; simple nucleated cells, with no appearance of a cyst.

Dec. 23.—Case of Encysted Ovarian Tumour. Reported by Dr. COALE.—Mrs. H., æt. sixty-eight. Has had four children. Health not good after birth of last. Menses irregular for some time, and ceased at age of forty-three; health much restored afterwards. Early in 1843 fell down a few steps, striking the lower extremity of the spine; fainted at the time, and felt very ill. Returned home the next day, three miles distant, and was confined to her bed three weeks, and three to her room—in all, six weeks. From that time her health declined, and on the 12th of the following April (three months after the acci-

dent), the appearance of enlargement in the left iliac region commenced. By the 29th of October, 1845, about thirty-two months after the accident, the enlargement was so great as to require tapping. The operation was repeated, and the quantity of fluid discharged is as follows:—

	lbs.		lbs.		lbs.
1845, Oct. 29th, . . .	30	1849, Nov. 9th, . . .	23	1850, August 1st, . . .	15
1846, June 23d, . . .	18	Nov. 29th, . . .	22	Aug. 12th, . . .	15
1847, Feb. 17th, . . .	25	Dec. 17th, . . .	21	August 23d, . . .	11
Aug. 3d, . . .	20	1850, Jan. 5th, . . .	21	September 3d, . . .	11
Dec. 14th, . . .	24½	Jan. 22d, . . .	21	September 14th, . . .	14
1848, Ap. 13th, . . .	28	Feb. 8th, . . .	22½	September 24th, . . .	14
July 12th, . . .	27	Feb. 23d, . . .	24	October 3d, . . .	14
Sept. 18th, . . .	23	March 10th, . . .	21	October 12th, . . .	14
Nov. 16th, . . .	26	March 26th, . . .	19	October 22d, . . .	16
1849, Jan. 17th, . . .	27	April 9th, . . .	19	October 31st, . . .	14
March 4th, . . .	26	April 23d, . . .	18	November 8th, . . .	15
April 13th, . . .	25	May 7th, . . .	16	November 16th, . . .	12
May 21st, . . .	20	May 20th, . . .	16	November 24th, . . .	16
June 25th, . . .	22	June 1st, . . .	16	December 2d, . . .	12
July 28th, . . .	22	June 14th, . . .	18	December 10th, . . .	13
Aug. 26th, . . .	29½	June 27th, . . .	15		
Sept. 22d, . . .	27	July 9th, . . .	13		
Oct. 17, . . .	26	July 20th, . . .	12		
				Total, 51 tappings, 989½ lbs.	

The form of the tumour during life could be readily distinguished through the walls of the abdomen, lobulated, not tender, with a very limited mobility. Across the lower part, coming from the left side on a level with the anterior superior spinous process of the ilium, and disappearing about the pubis, was a very perceptible band, soft and elastic, giving a sensation of containing fluid. This, on examination after death, was found to be the sigmoid flexure of the colon, forced forwards and upwards into that unlooked-for position apparently by the tumour commencing immediately behind it, and carrying it up with its growth. With the exception of obstinate constipation, and an occasional pain at the epigastrium when the distension was great, there was no particular suffering during the progress of the disease; and the clearness of mind and cheerful temperament of the patient were maintained till within an hour or two of the decease. In tapping, a variation of the operation was practiced, which may be worth mentioning. Upon emptying one sac, without withdrawing the canula, the trocar was reintroduced and pushed into another, and sometimes into a third and fourth. In this way the bulk of the tumour was much more diminished than would have been done by the puncture of one sac alone, and without any additional pain or danger to the patient.

The fluid at the first operation was thin and clear; latterly, it became as thick as the white of an egg, and occasionally turbid, with considerable admixture of lymph. Some of the smaller sacs, however, discharged in the manner above described, contained a fluid of almost inky blackness.

Death occurred from very gradual exhaustion of nature. Examination after death displayed the tumour—a thin sac, fitting the cavity of the abdomen. It was covered partially on the right by recently effused lymph—the result of a slight peritonitis of the last few days. Attachments existed with

the anterior walls of the abdomen for the space of about four inches square, where the punctures had been made, and more extensive ones in both iliac fossæ. The os uteri was almost obliterated—the uterus lengthened—its posterior wall closely attached to the tumour. The right Fallopian tube was free; the left and its ovary lost in the tumour. The larger sac broke in handling it, displaying in its interior numberless others of various sizes, and these in turn containing others.

Dec. 23.—Dr. BOWDITCH reported the following case:—An Irishman, thirty-five years of age, a corn-measurer, had been for a long time exposed to the dust of grain, and a cough had been often excited by it. Finally, copious “vomiting of blood” occurred (according to statement of patient). The last hæmatemesis took place about three weeks since; but there had been three attacks during the year, and, each time, about a quart had been lost. Patient referred all symptoms and sensations to his *stomach*. On inquiry, Dr. B. found he had had slight cough at other times than when inhaling dust, although the patient scarcely allowed that it occurred, so very trivial was it. There was some emaciation. On auscultation, cavernous respiration, with gurgling, at lower half of right lung. There was less sound, generally, in this lung than in the other, but no marked signs at the top indicating tubercles. On the contrary, all the chief physical phenomena were at the lower parts. Three days after first auscultation, a second examination discovered all the above signs gone, or nearly so: patient improved. In a week, the bloody sputa, a few of which were perceptible on his entrance at the hospital, had disappeared. Five days ago, he suddenly again raised about 3xvi of blood, which was apparently purely arterial; it was raised in the night, without previous warning, and had formed into a large dense coagulum (as if it had been taken from a vein in the arm), in the sputa-cup. This was noticed at the physician’s visit the next morning. The physical signs above enumerated again presented themselves. Since this, they have subsided again.

Dr. B. remarked that this case is to him unique in its characteristics; he said it might suggest the idea of pulmonary apoplexy; there were doubtless condensation and congestion of the pulmonary tissue, which were relieved by the hemorrhages—probably no cavity.

Dr. BIGELOW, sr., said, in reply to a question from Dr. Bowditch, that he did not remember precisely such a case; he had often doubted whether pectoriloquy could be said to exist, properly, unless gurgling assured us of a cavity.

Dr. Bowditch remarked, that the decision between pectoriloquy and bronchophony was not the point; but whether such a case, with the peculiar attacks of hæmoptysis, and the sudden changes in the condensation of the lung, according as the bleeding occurred, was not unique.

Dec. 23.—Excessive Liquor Amnii in a case of Twin Birth. Dangerous Symptoms. Case reported by Dr. STORER.—On the 13th ult., Dr. Storer was suddenly called to a woman in labour at her seven and a-half month of pregnancy. She had been unwell for some months, complaining of much cough and difficulty of breathing, but had consulted no physician, and, for the greater part of the time, had performed her ordinary domestic avocations. He found her sitting in her chair, suffering from a severe pain; upon its cessation, she was placed upon her bed, and examined per vaginam. Feeling, through the unbroken membranes, a hand, he immediately ruptured her bag of waters, reached a foot, turned the child, and delivered. This was readily accomplished, on account of the small size of the infant. Upon the birth of the child, the mother experienced, immediately, two or three exceedingly strong pains, in the midst of which she coughed much, and expectorated quite a quantity of frothy, bloody mucus. Upon examination, he found a second bag of waters: his patient was herself satisfied she had still a child within her. As she was suffering greatly from dyspnœa, which almost prevented her from remaining on the bed, even in a semi-recumbent position, he ruptured the membranes. An enormous quantity of liquor amnii passed off. At this moment a severe pain ensued, which continued a minute or two, during which Dr. S. thought she must die. The dyspnœa was very distressing; there was a constant disposition to throw off bloody mucus; her countenance was livid throughout; the expression frightful; about four respirations in a minute. The pulse at the wrist imperceptible. Dr. S. was about to send for his forceps, when the head was expelled—the mother being supported nearly erect, almost unconscious of her delivery. In this state, it seeming impossible that she could survive for any length of time, the immediate friends of the family were summoned to see her die. For several hours she continued in the condition just described, gasping for breath, constantly fanned to enable her to breathe at all. Her lips and nails were of a deep purple colour—her face and neck more or less livid; she was unable to speak or to swallow. She lived, however, through the night, and the next day, supported, as has been before stated, in an erect posture—procuring some sleep; and during the latter part of her time taking a small quantity of stimuli, such as brandy, &c. The second night she was able to lie down in a semi-recumbent posture. The third night she lay almost horizontally. From this time she convalesced slowly, and is at this moment in a very comfortable condition, complaining only of debility. She is hereditarily disposed to phthisis, and has dullness on percussion and deficient respiration at the top of one of the scapulæ; but she has rallied from her confinement, much to the amazement of all who were with her, not excepting her physician.

While sitting up in bed, hours after her confinement, Dr. S. could hear no respiration over the greater part of the chest; at the apices only of the lungs did any air appear to enter, and there with great difficulty.

The children, which are still alive and well, were quite small, weighing only about five pounds each; but the quantity of liquor amnii was very great—a larger quantity than Dr. Storer remembers ever to have seen, unless there existed at the same time a diseased placenta.

Dec. 23.—Puerperal Fever—unusual Symptoms. By Dr. STORER.—Dr. Storer stated that, as several puerperal cases had occurred since the last meeting, he would refer to one which fell under his treatment. On the 9th instant, he was called to a lady, thirty-five years of age, in labour with her third child; she was delivered after six hours pain. The first three days she convalesced, as well as after either of her previous accouchements. On the morning of the fourth day, he learned she had had a restless night, and had had three dejections. When he saw her, she had no pain in the abdomen, and felt no uneasiness upon pressure being made there; the pulse but slightly accelerated; she complained only of an *urgent disposition to stool*. Her mother then told him that, for several weeks previous to her confinement, she had suffered from a *diarrhœa*, for which she was unwilling to take any medicine. Dr. S. ordered an opiate injection and demulcent drinks, by which she seemed relieved towards night. On the morning of the 5th day, complaining of *some pain upon pressure* over the uterus, she was leeches, and minute doses of calomel and Dover's powder were administered. She was relieved by the leeches, but her aspect was bad: the breathing was not much embarrassed; the pulse only 100, and she was not very restless. On the morning of the sixth day, the pain returned in the abdomen, accompanied with slight fullness there; a *blister* was ordered. On the 7th, pain much relieved; irritability of bowels lessened, but still *uneasiness* continued; she seemed much exhausted and depressed; continued medicine. On the 8th, *milk and lochia* suppressed for the first time; great prostration; abdomen more full, but still slight complaint upon pressure. On the 9th day after delivery, *died*. Was *conscious* throughout the whole of her sickness, and for several days continued to apply her child to the breast.

Dr. CHAS. E. WARE remarked that he also had had a fatal case of puerperal fever. He was called to Mrs. M. at 5 o'clock A. M., Dec. 9th, in labour. She had had slight pains all night. The waters had broken, and everything appeared right. She continued in about the same state till noon, making very slow progress; at 6 P. M., the pains diminishing, and the child having made no progress for several hours, she being a feeble and nervous woman, the forceps were applied, and one child, a male, delivered with very little difficulty. It was then found that there was another child, in the membranes, presenting by the arm. It was turned, and the feet brought down. At the head, it was arrested, the cord pulsating, and no pains. It remained about twenty minutes in this state before it could be extricated, and cried in the vagina at

least ten minutes before it was born. It was still-born, but was resuscitated and both children are now doing well.

The mother was much exhausted, but was got comfortably to bed. The next morning her pulse was 128, and she complained of a little sore throat. From this time her pulse continued to fall, till the 13th, when she had her milk, and everything appeared to be doing well. Her pulse was 100. That day she took oil, which operated well. In the evening, however, she had chills, a great sense of fatigue, and passed a restless night. The next morning she had a pulse of 120. There was no unusual soreness, nor fullness about the abdomen. Her respiration was natural, with a full expansion of the abdomen. Her milk and lochia were abundant and natural. She only complained of her throat, about which there were no apparent signs of trouble. Her tongue was dry, and there was sordes on the teeth. The next morning there was delirium, which continued more or less active until her death. Her pulse continued to increase in frequency, and was so fluctuating in character as to be with difficulty counted during the last two days of her life. While her consciousness continued, she only complained of her sore throat, and a sinking sensation at the epigastrium; never of the abdomen, which did not present any evidence of peritonitis or phlebitis, in the symptoms. Her milk left her. Her lochia continued to the last. She died the evening of Dec. 18th. There was nothing in her symptoms to call for or admit of depletion. She was treated with quinine and stimulants.

Two of her children, who were in the house, had sore throat at the time that she was confined. Her husband had one, commencing on the day that his wife died. They were all of an exceedingly mild character, and presented nothing malignant. Dr. Ware attended another woman in child-bed the night that Mrs. M. was confined, and another the next day, both before Mrs. M. presented any untoward symptoms. Both patients did very well.

Jan. 13.—Imperforate Rectum; laceration of the Intestine. Case reported by Dr. B. E. COTTING.—The child, a female, was born on the afternoon of the 8th inst.; on the 10th, at 3 P. M., Dr. C. saw it in consultation, and found it almost pulseless; abdomen tender and tympanitic; passed the little finger half an inch or more up the intestine, and was met by a firm, fleshy resistance; no operation was attempted, and the child died in about four hours. On dissection, the abdomen was found distended with gas; and in the cavity was a large quantity of meconium, with here and there some redness, and a small patch of lymph upon the peritoneal surface. As usual in such cases, there is a small portion of intestine below, with about the same extent of imperforation. Just above this last, there are seen two longitudinal rents, an inch or more in length, which extend through the outer coats, and one through the entire parietes. The intestine, which was exhibited, has not now

the appearance of having been much distended; and neither does it show any signs of inflammation, externally or internally.

Jan. 13.—Dr. COTTING also presented a calculus that had formed in the neighbourhood of a large abscess about the tonsil, inflammation having commenced last November. The patient is a man forty-five years of age. The calculus, which has been only recently discharged, is about as large as the tip of the little finger, and white, somewhat crumbling, and of an earthy appearance, but laminated towards the centre.

Jan. 13, 1851.—*Polypus of the Ear.* By Dr. HOOPER.—The patient from whom this was secured, a man thirty-five years old, had a similar operation in April last; since that time, the present polypus has grown. It is a fibrous polypus of extraordinary size. The chief symptoms attending it were otorrhœa, and an inconvenience in moving the jaw. A slight hemorrhage followed its removal, soon ceasing on syringing the ear with cold water.

Jan. 27th.—*Malignant Tumour arising from Periosteum of left Tibia—Removal of the Limb.* Case reported by Dr. J. M. WARREN.—The patient was a mechanic, fifty-two years of age; his general health has always been good; knew of no hereditary tendency to carcinomatous disease; exhibited none of the appearances of the diathesis.

About twenty-three years ago, he struck the hook of a heavy ox-chain against anterior aspect of left tibia at about its middle. Within twenty-four hours after the injury, noticed a "swelling as large as a kernel of corn," which he was confident was not like the swelling of an ordinary bruise, being much harder, not discoloured, and excessively tender. This gradually increased, until, in three or four weeks, it was as large as a pullet's egg. It so continued for twenty years; never painful, but always excessively tender.

Three years and a half ago, while driving a nail, the hammer glanced and struck partly on the skin bone and partly on the tumour. The pain from the blow was excruciating, continuing for twenty-four hours, when it gradually subsided and he went about his business, but was subject to twinges of pain at intervals of a few hours for two or three months, the average amount being greater at night.

Two or three months after the blow, he noticed a gradual enlargement of the tumour, which, in 18 months, had grown to the size of a large orange. The increase of pain was in direct ratio to the growth. At this time, the whole of his limb below the tumour was swollen and œdematous, the tumour itself very red—at apex, a bright crimson, the integument covering it very thin and tense.

From a slight accidental abrasion, granulations now shot out, bleeding freely

at the slightest touch. About a week after, the tumour was removed by a surgeon, and portions of the tibia, to which it proved to be adherent, chipped off. The wound healed in three months, and remained sound for a year. Then, a little to the outside of the cicatrix, a swelling was noticed of the diameter of a penny. This followed precisely the same course as the preceding tumour, altogether resembling it, except in size and situation, being a little more on the outer aspect of the leg, and a little larger.

The appearance of the tumour was as follows just previous to removal of limb. Six inches above malleolus, on outer aspect of left tibia and apparently adherent to it, was a lobulated tumour, eight and three-quarters inches in circumference, two inches in height. It was somewhat constricted at its base by the integument through which it had extruded, as if forced up from beneath. Just to inside of its base was a hard tumour, in size and shape like a large almond, which he said very much resembled the original tumour of twenty-three years ago. This had been about six months in acquiring its present size.

Ten days ago, apex of large tumour became sloughy, and so continued. Integument at base was reddened, and the tenderness was greatest at that spot. When the limb was at rest, the pain was slight; after exercise, much increased. Patient kept about his business till within ten days.

No other tumour observed externally; none felt through abdominal parietes; no apparent enlargement of inguinal glands.

Dr. Warren removed the limb, above the knee-joint, by the circular method. On sawing the tibia longitudinally, after removal, it was found that the original tumour was between the periosteum and the bone. Its size was about that of a walnut; it was quite firm, white and fibrous in appearance; springing from one side of it was the large fungous growth described above.

Jan. 27.—Tumour of Right Arm, requiring amputation at the Shoulder-joint.—Dr. J. MASON WARREN exhibited a tumour apparently of a malignant nature, and stated the case, which was as follows. The patient was a tall, thin man, thirty years of age. He had always been healthy until last April, when he had a discharge of blood from the kidneys, unattended with pain, which lasted him for one or two weeks. In June, the present tumour appeared as a small hard lump under the skin of the arm near the insertion of the deltoid muscle. This had gradually increased until it nearly encircled the arm, extending under, and raising up, the brachial arteries and nerves. The motions of the arm were not much affected by its pressure, but latterly it had taken on a more rapid increase, and the active portion of it was somewhat painful. Dr. Tewksbury, of Portland, considered the case a critical one, demanding the removal of the tumour or the arm, and directed the patient to Dr. W. After a very careful examination of the tumour, which was quite firm and movable, it was agreed that the patient should be put under the influence

of ether, the tumour cut into, and if found to possess the character of a malignant growth, that the arm should be removed at the shoulder-joint.

The operation was done on the 15th February, and on the tumour being incised, all the gentlemen present, viz: Dr. Ray, of Kentucky, Drs. Thorndike, Minot, Williams, Foltz, Brown, Stone, and Gore, coincided with Dr. W. in regard to its having the appearance of a carcinomatous growth. The bleeding from it, which was quite free, was therefore stanchd with a bit of sponge, and the removal of the arm proceeded with. This was done by an anterior and a posterior flap, the former being made from without inwards, by means of a scalpel, in order to have a more regular wound, and the better to avoid impinging on the tumour. The subclavian artery, as it passes over the first rib, was so effectually compressed by Dr. Williams, that scarcely any blood was lost.

The patient is now doing well. On the 20th January, he had a discharge of bloody urine, which he attributed to the confined situation in which he had remained, on his back, and which had produced a severe pain in the loins. He seemed to attach but little importance to it, and in fact it soon ceased. Dr. Thorndike, who has charge of him, reports that he is rapidly recovering.

The tumour, on dissection, presented a lardaceous appearance, and, under the microscope, showed much fibrous tissue, in which, after much investigation, cancer cells were distinguished.

January 27, 1851.—Acephalous Female Fœtus. Presented by Dr. W. E. TOWNSEND.—The chief peculiarity connected with this case was the difficulty of determining the pregnancy of the mother. She has had three children before this, and reported that she had no one symptom of pregnancy that she had before experienced, except the non-appearance of the catamenia after the death of her last infant, and, as she had been before irregular, she did not attach much importance to that symptom.

During the whole period of gestation, she felt, at times, severe pain in her sides and back, had much suffering accompanying her discharges, and during the last three months obtained but little respite from pain day or night. No placental murmur could be heard, nor could the pulsations of the fetal heart be detected, and it was only after a careful vaginal examination that her condition could, with certainty, be discovered. She had no enlargement of the waist, the whole of the increase of size being below that part, and this varied greatly from day to day. At delivery, about two gallons of liquor amnii escaped; the fœtus presented by the feet, and was still-born. The spine is bifid as far as the lumbar vertebræ, and the whole bears a very striking resemblance to a large bull-frog.

Jan. 27.—Microscopical Anatomy. Dr. O. W. HOLMES.—Dr. Holmes reminded the Society that he had, in the autumn of 1847, described and

shown, at a meeting of the Society, certain new and hitherto undescribed bodies discovered by him in the cancellated structure of human bones. Several drawings of them were taken at the same time by Mr. McIlvaine of Philadelphia, then in Boston, which have been exhibited to the class during every course of lectures since that time.

These bodies have been lately described by M. Robin under the name of *medullary cells*. (See *Gaz. Méd.* for Dec. 22d, 1849, and *Am. Journal of the Medical Sciences* for July, 1850.) He speaks of them as spherical or slightly polyhedric, transparent, with defined borders, and generally including a spherical, regular, transparent, sharply defined nucleus, with molecular granules between it and the cell wall. They are most abundant, he has remarked, in young subjects, and towards the end of the period of gestation.

There can be no doubt of the identity of these cells with those described and exhibited here two years previously to his publication. Several points may be added to his description. The nucleus, as Dr. Holmes has seen it, is of a remarkable yellow colour. In some instances he has found it containing a distinct nucleolus, in others there were two nuclei perfectly distinct, and in one cell lately noticed, there appeared to be four. The cells seem to be situated on the exterior of the bone, as they may sometimes be removed by repeated brushing with a camel's hair pencil. In size and general appearance, they are not unlike dried blood-corpuscles. They resist strong acetic acid and boiling water.

Dr. Holmes exhibited specimens of these bone-cells, which he proposed to investigate more completely hereafter.

He also showed the effect of polarized light in displaying the lamellated structure of bone, a circumstance not referred to in the works he has at hand, but of which he has for several years been in the habit of availing himself in his microscopic demonstrations.

Another point to which he called the attention of the Society, as illustrated in a specimen before them, was the *interrupted* form of the dentine tube, a form not shown by Mr. Tomes among the varieties he figures. The appearance is like that of a thermometer tube in which the mercury has become broken up into longer or shorter columns, or like what is often seen in the centre of a hair. The line of the tube shows an alternation of dark and light spaces, often very regular in size, the dark portions sometimes little more than mere dots, sometimes of considerable length. It can scarcely be doubted that this appearance is owing to the presence of an opaque deposit, natural or accidental, in a transparent tube, which it has imperfectly filled, in the same way that an unsuccessful injection partially fills an artery, and it may be considered another evidence of the tubular character of the dentine, if such were wanting.

Jan. 27.—*Ulceration of the Cæcum.* Dr. STORER reported the case.—Early in December last, Dr. S. was called to visit Miss L., aged about twenty-five years. She complained of great pain in the right iliac fossa, and was suffering from considerable constitutional excitement:—Upon examining the part affected, he found it tumefied from about two inches anterior to the crest of the ilium, to some distance backward upon its spine; this tumefaction was exceedingly sensitive, and pressure upon a portion of it detected fluctuation. Dr. S. ascertained that she had taken a long walk a week or two previously, when the ground was damp, with thin shoes—and, that at that time she felt chilled;—immediately after this exposure, she began to complain of uneasiness in the affected part, and her suffering had, since, constantly increased. The abscess was punctured, and egress given to several ounces of exceedingly offensive, ill-conditioned pus, together with a small portion of air: great relief was immediately experienced. The purulent matter continued to flow, unmixed with any foreign substance, until the third day after the opening was made. At this time, Dr. Storer noticed three or four small black masses about the size of an ordinary pea, looking like little scybala, and the patient told him, that during the previous night she had been disturbed by the passage of air from the orifice. On the fourth day, liquid fecal matter flowed freely from the wound—this continued four or five days, requiring that dressings should be applied repeatedly during the day. From this period, nearly five weeks elapsed without the passage of any fecal matter, the discharge being entirely purulent, accompanied occasionally by air. At the termination of a month, the patient, having complained for a day or two of local heat and fulness, together with general febrile excitement, observed in the purulent discharge from the wound, quite a number of fig-seeds, which had been swallowed a fortnight previously. Succeeding the passage of these seeds, a long, somewhat compressed substance was observed in the aperture of the skin, which proved to be a portion of apple-peel, several folds of which had become rolled upon themselves, forming a fine, pointed body. Fecal matter followed these foreign substances, and continued to flow for four days, and then gradually subsided.

March 10th.—No fecal matter has passed during the last seven weeks—air has, however, repeatedly, until the last week;—the bowels are regular, and her general health much better than it was previous to the formation of the abscess; a slight purulent discharge alone continues to flow.

Dr. J. B. S. JACKSON asked, if tumphlo-enteritis had been suspected as the cause of the phenomena in the above case? Scybala had been discharged, at first, from the wound, and it is known that these have sometimes been the cause of inflammation, &c., in the appendix cæci.

Dr. STORER replied, that the discharge of fecal matter from the wound had been *profuse*—he did not refer the case to tumphlo-enteritis.

Jan. 27.—*Application of Collodion as a preventive of Pitting, in Variola,*

and its use in cases of Mammary Inflammation.—Dr. STORER remarked that he had used collodion in one case, within a short period, successfully. The patient was very ill with small-pox; upon the appearance of the pustules, those upon the face were brushed over, two or three times daily, with the above liquid, until the period of desquamation. The patient, upon recovery, exhibited no pits upon her face.

Dr. S. observed that, Professor Evans, of the Rush Medical College, had reported several cases, during the past year, in one of the Western Journals, in which he used collodion, advantageously, in *mammary inflammation*; suppuration was prevented in most of the cases, and relief obtained in all. His object in applying this remedy, was to obtain a contraction of the parts; supposing that thus, the freedom with which the blood is forced into the mamma, would be overcome, and the lymph absorbed by compression.

Dr. S. had tried Prof. E.'s plan in three cases, but had not observed any decided effect from the application; he is unwilling, however, to venture an opinion upon its value, without further experience.

Dr. BOWDITCH testified to the efficacy of collodion in the prevention of pitting from variola.

Dr. ABBOT supposed it to act by its *constrictive* property, compressing the blood-vessels around the pustules, and thus diminishing the formation of pus. With this view, he had applied it, in his own person, in threatened *paronychia*, with success, the inflammation being completely arrested.

Dr. BOWDITCH, referring to the apparent effect of *pressure* in preventing inflammation, mentioned a case of peritonitis, where the pressure made by the intestines upon each other seemed to arrest the diseased action, no inflammatory blush being observed between the intestinal convolutions.

In another case, where the *liver* had pressed upon the *stomach*, the portion of the latter viscus thus situated was quite *white* and entirely uninfamed, while the rest was much affected.

Dr. JACKSON said he had often noticed similar facts, but had never, previously, thus accounted for them. He thought the effect of compression evident.

February 10.—Loss of the Power of Articulation.—Dr. BIGELOW, Senior, related the following cases:—A female who had amenorrhœa, suddenly lost the power of articulating words; she could protrude the tongue and utter sounds, and even sing a tune, but, for more than a week, made no articulate sound. At the end of two weeks, by strongly fixing the attention, she could utter some words; even now, she speaks but slowly. Dr. B. considers the affection, in the above case, analogous to *stammering*, and wholly nervous.

The other case mentioned, was that of a man about thirty years of age, who came to the Massachusetts General Hospital, complaining of pain in the lumbar region, extending to the right hip and thigh, resembling sciatica. Large

doses of aconite and colohicum relieved the pain, and the patient seemed convalescent. Catarrh, with alight febrile disturbance, ensued. About one week since, he suddenly lost the power of articulation, during the night; in the morning, on being questioned, he was unable to reply; he could protrude the tongue, and motion of other muscular parts was preserved. On the following day, difficulty of moving the hands and arms came on; at present, the hands are nearly immovable; the legs movable; he has vertigo, tinnitus aurium, and imperfect vision. In this case, Dr. B. apprehends more serious, and cerebral, difficulty. Dr. B. had previously reported to the Society the administration, by mistake of a nurse, of an over-dose of the tincture of aconite to this same patient; the *strong* tincture having been given in place of the *weak*, which was ordered. Nausea, dizziness, numbness, dryness of the fauces, loss of muscular power and of vision, followed its use, in the dose of six drops.*

Dr. SHATTUCK, Jr., stated the case of an apothecary connected with M. Louis' Hospital, in Paris, who lost the power of articulation after taking *Cannabis Indica*; the inability continued for four days; he then recovered the power of speech as suddenly as he had lost it.

Dr. COALE mentioned a case of *embarrassed* articulation, occurring in a gentleman whom he supposed affected with intestinal obstruction; the patient was *hysterically* seized at times; violent convulsive movements occurring; strong spasm of the lingual muscles caused the tip of the tongue to turn upwards at right angles whenever he attempted to speak. Dr. C., regarding the affection as a purely nervous one, directed the patient to apply undiluted brandy to the tip of the tongue, on the access of the spasm—the brandy being applied by the patient's finger, he holding a wineglassful of it in his hand whenever he wished to speak, as not more than a dozen or two dozen words could be spoken without the occurrence of the lingual spasm, which was promptly arrested by this treatment. The affection lasted for thirty-six hours.

February 10.—*Case of Colic strongly simulating Pleurisy*.—Dr. COALE was called out of town at midnight to see an elderly lady who had been seized early in the previous afternoon with a chilliness and a pain in the side and upper part of the chest. Several domestic remedies—hot cloths, a “rum sweat,” and hot drinks—had been used, but the pain increased until it was insupportable. Though a woman of much power of endurance and of self-resolution, her groans could be heard all over the house. She was found propped up in bed, inclined to the right side. The countenance expressed anxiety; groans continual; respiration 40 in the minute; pulse 80. The pain was referred to the seventh rib on the right, and running thence to the shoulder of that

* This patient died with general paralysis a few days afterwards. No autopsy allowed.

side and to the infra-clavicular depression. The mention of habitual constipation gave Dr. C. a suggestion that the affection might be caused by flatulence, more particularly as the pulse did not seem excited proportionably to such intense pain. Some castor oil was given, followed up by rhubarb; and there being no syringe at hand, a soap suppository was introduced into the rectum, an hour after the administration of the oil. Free stools, accompanied by much gas, soon testified to the correctness of the diagnosis, and gave relief to the patient. The notable points in this case are the total want of any symptom directly referable to the bowels, and the intense pain so high in the chest as the infra-clavicular fossa.

Feb. 24.—Fractured Vertebrae. Dr. S. D. TOWNSEND showed the specimens.—The fourth dorsal vertebra fractured through its body, and also the spinous processes of the three next below it. The patient, from whom these were taken, received a blow from a "derrick," which first struck the head, then the back. He was instantly paralyzed from the diaphragm downwards. He lived seventeen days; a slough formed over the sacrum about the tenth day.

Feb. 24.—Intra-Capsular Fracture of the Cervix Femoris. Death from Intestinal Strangulation. Dr. J. M. WARREN related the case.—A gentleman, 83 years of age, fell upon a carpeted floor, striking the right trochanter. He was taken up suffering severe pain. Foot everted and shortened half an inch. He was placed on the triple inclined plane, the foot supported by means of pillows and protected by a cradle. At the end of seven weeks he was able to move the leg without pain, and the foot was not disposed to evert. On the 30th of January he was seized with a pain in epigastrium, accompanied by vomiting. Pain relieved on 31st, but the vomiting continued at intervals until his death, which occurred on the 4th of February. During this period there was no pain on pressure over any part of the abdomen, and no tumour perceived. One evacuation, of a solid consistence, took place from the bowels, by means of enema, on the 2d of February. The urine was suppressed for 24 hours; afterwards, it was passed naturally.

On examination after death it was discovered that about eighteen inches of the ileum, in the neighbourhood of the cœcum, had passed through an aperture in the circumference of the omentum, apparently made by an old adhesion; all this portion of the intestine was black, but not in a state of gangrene, the strangulation being partial. The capsule of the hip joint being opened there issued a small quantity of dark-coloured blood. A fracture was at once seen passing transversely through the neck of the bone; the parts, however, were firmly interlocked, and it was only after efforts of forcible rotation were made that they partially separated. A portion of the periosteum, at the back part of the cervix, remained entire. The effects of

the fracture were to produce a slight shortening of the neck of the bone, by the fragments being driven, as it were, one into the other, and an additional shortness of the limb, from the partial drawing up of the shaft of the bone, by muscular contraction.

Feb. 24.—Testicle retained in the Groin. Extirpation. Dr. J. M. WARREN showed the specimen.—The patient was 38 years old, and a small tumour had always been observed high up in the groin, which, from the absence of the testicle in the scrotum, was supposed to be that organ arrested in its descent. A year since, the tumour suddenly slipped farther down in the course of the inguinal canal, enlarged, and became painful, the pain extending into the abdomen, when the tumour was handled. On removal, the testicle was found in a disorganized state, enveloped in the tunica vaginalis, which was partially adherent to it.

Feb. 24.—Rupture of the Uterus.—Dr. CABOT reported the following case: E. S., about twenty-seven years of age, of light complexion and hair, good general health, and apparently well-proportioned, the mother of one child, born six and a half years ago, and which child, a male, weighed at birth eight pounds, was taken with labour-pains at twelve M., Feb. 18, which pains increased in strength until Dr. C. visited her, at ten and a half P. M. At that time the os uteri was dilated to the size of a dollar and was yielding; the bag of waters quite prominent; at eleven and a half P. M. the latter broke; about the usual quantity of liquor amnii was discharged; os uteri dilated to about thrice the size remarked on first examination. The head advanced under action of very violent pains, until it almost pressed upon the perineum. After one o'clock A. M., Feb. 19th, the head did not advance much, if at all, although the pains continued very violent, straining and expulsive, even when the patient was well under the influence of ether, of which, during the labour, she consumed 3xx. The pains recurred at about five minute intervals. At about eight A. M., Dr. Storer came in to relieve Dr. Cabot for a time; there was no return of the pains after his arrival, but vomiting of a greenish fluid occurred, and, on examination, Dr. S. found a *knee* projecting directly beneath the abdominal integuments, in the vicinity of the fundus uteri. Patient's pulse small and fluttering; too frequent to be counted: previously, even while fully etherized, the pulse had been full and strong. Dr. Storer went for instruments, being confident that rupture of the uterus had taken place. On Dr. Cabot's return the perforator was applied to the child's head, which did *not* (as is usual in these cases) *recede*, previous to the application of the instrument, or at the moment of its application. The perforator was introduced with ease; forceps could not be used. The child (a female weighing seven pounds, exclusive of the brain) was extracted with great difficulty; the placenta followed immediately; the uterus contracted firmly

and well, feeling hard and rounded under the hand, as usual after normal delivery. Opium and brandy were administered. At twelve o'clock M., patient complained of great pain in the abdomen; pulse too small and quick to be counted; countenance sunken; breathing very short and quick. Brandy and opium continued. 20th, has been quite free from pain since last evening, and has not taken opium since then. At six P. M., the pulse 135 and fuller; the catheter was used. 21st, pulse 115, fuller; nausea and vomiting; pain in abdomen, but no great tenderness; lochia sufficient, not excessive from the first. Catheterism; ordered calomel and opium. 22d, pulse 104, patient comfortable till towards night, when the lochia diminished; pulse 125; abdomen tender on pressure. Next day, pulse higher and tenderness of abdomen more marked. Calomel and morphia were administered, nearly every hour, until two A. M., Feb. 24th, when patient became perfectly easy, slept, and, on being waked, said she was "perfectly happy, but could not see;" she died at nine and a quarter A. M., five days from the time of her delivery. The lochia were profuse, the day before death, and looked like sanguinolent serum. At the *post-mortem* examination, made at four P. M., the following appearances were noted. On opening the peritoneum, a small quantity of bloody serum escaped; coagula between the folds of the intestines, moulded to their shape; an elongated mass of sebaceous matter lay, perfectly free, directly beneath the peritoneum, which membrane was somewhat inflamed throughout; slight adhesions observed. The uterus was found ruptured completely across the anterior wall of its cervix, just below the os internum; the organ measured five and a half inches in length, from the fundus to the os externum, and four and a half inches in width.

Dr. Cabot remarked that, the first point which attracts notice in this case, because an unusual occurrence, is the *non-retrocession of the head*, and the firmness with which it retained its position against the perforator; judging by these facts, some of our older and most experienced practitioners denied the accuracy of the diagnosis. The firmness with which the head had been driven and impacted into the pelvis, accounts fully, in Dr. C.'s opinion, for its non-retrocession, although he supposed at the time, and still thinks, that the uterus may have pressed somewhat upon the foetus and contributed to its retention in a fixed position. In regard to the diagnosis, Dr. C. said, he thought the slightest habitude in the use of the tactile sense, would preclude the possibility of mistaking the nature of such a case, or the part projecting from the womb; the change from a full and good pulse to a mere flutter; the facies, the emesis, and sudden cessation of the pains, of themselves, sufficiently establish the diagnosis. Dr. C. added, that the second point of interest is the question whether delivery should have been *sooner* effected: the result of the case might lead to an unhesitating affirmative reply, but the rarity of the accident must be borne in mind, and also the fact that many apparently impacted heads are finally delivered without interference, which of itself would induce delay, in order to make sure that there is no advance of the head. The doubt as to the

necessity of the destruction of a living human being, and, finally, the blame and odium that will rest upon the practitioner, should a bad result follow so serious an operation, are additional reasons for delay. Dr. C. would not, in another similar case, wait so long, before resorting to instrumental interference.

Dr. CABOT reported the following case :—

Keloides occurring in a Child.—S. H., 4 years of age in May, 1850, very healthy and free from all cutaneous disease, until May last, when he was very severely affected by small-pox, never having been vaccinated—is the seventh child of a mother 28 years old, who was married the day before she was 14 years old, and whose oldest child was born one month before she was 15. She had, she says, scrofula at 5 or 6 years of age, and has a large scar from it on the side of her neck; she lost, some years ago, the upper joint of a finger, from “felon.” One of her children had herpes zoster six years ago, when 3 years old. The child S. H. is rather of a leuco-phlegmatic complexion and cast of countenance, thickish upper lip, &c. He recovered from the small-pox and was about the house early in July; about two weeks afterwards an appearance like a burn was observed by the family near the left angle of the mouth.

Dr. C.’s attention was called to this and other tumours on the 3d of October, when he found the principal tumour, near the left angle of the mouth, about two inches long in its longest diameter, and about three-fourths of an inch broad, very irregular in its outline, and having processes shooting out in different directions, as if formed by the running together of several tumours having their axes in different directions; the surface smooth, pinkish, with some vessels ramifying on its surface; firm and hard to the touch; resembling very much in its external characteristics the cicatrix of a burn. There was another smaller tumour close to the first, and, on the opposite side of his mouth were seven others, of which the longest was rather more than one-half by one-fourth of an inch. Besides these, there were five or six quite small ones in different parts of the face and two on the right arm. He never complains of pain except when touched on the tumours; cries often when washed, though not a crying child; seemed to suffer very severely from a fall upon the part, and, at another time, when the principal tumour was roughly handled. October 12th, tincture of iodine, diluted with about its bulk of water, was applied to the tumours on the right side of the mouth, without much, if any, appearance of pain. Oct. 13th, tincture of iodine, rather less diluted, was renewed, and to the tumour on the opposite side of the mouth, solution of gun cotton was applied, the effect of which was to deprive it entirely of colour, making it white, and causing the veins to disappear; some temporary pain seemed to be occasioned by it.

[Keloids is pronounced, by the authorities of the present day upon cutaneous diseases, to be exceedingly rare; older writers even denied its existence

(Bateman). Alibert first described it. Cazenave (*Maladies de la Peau*, 1838) states that it had not, up to the date of his work, been observed in *infancy*. Youth, bordering upon adult age, is its period of election; it is almost universally seated upon the anterior part of the chest, and, by preference, just between the mammæ; it is very rarely multiple. Bielt refers to only two multiple cases; in one, eight patches existed; in the other, two; in the first case, on the neck and side of chest; in the second, on the front of chest. Cazenave alone, of the authors we have been able to consult, reports the appearance of the disease upon the *face* (*Dict. de Médecine*, tome xvii. art. Keloïde), and this is exceedingly rare. The same writer declares its greater frequency in females and in those of lymphatic temperament.]

Feb. 24.—Enlargement and Disease of the Liver and Spleen; Concreta Pus in the Heart, Hemorrhagic Abscess in the Back, &c.—DR. BOWDITCH related the following as having occurred in a man under his charge at the Massachusetts General Hospital.

J. C., æt. 44, Italian, mechanic, entered Aug. 22d, 1850. Had been in this country three years. Two years and a half since, while at Buffalo, his previous health having been good, he noticed a firm body underneath abdominal muscles, near to, and at the left of, the umbilicus. It was not painful. Two months *after* this, he had intermittent fever, but soon recovered. Another attack came on fifteen months afterwards, when the tumour became painful and increased in size. He never had jaundice or any hepatic symptoms. At his entrance the tumour was hard, smooth (evidently an enormous spleen), and extended from the left side nearly to the navel, and, from two inches below the umbilicus, up under the cartilages of the ribs. From this time until death it remained very much as at entrance, save that at one time it seemed rather to augment, while toward the end of life the upper part appeared rather less prominent. At times it was painful and tender, but usually not so. His general symptoms were as follows. His mind was always clear, but for several weeks before his death he was much troubled with dizziness, so that at times he was wholly unable to walk. Epistaxis occurred frequently, and once or twice required plugging of the nostrils. His digestion was usually good for simple articles, but the bowels were costive, and sometimes he vomited—once, a dark fluid containing granules, like decomposed coagula. At the latter part of life he had some cough and pains about the chest. The renal excretion at his entrance was abnormal, containing pus, and he had some priapism. He had no distinct febrile paroxysm. There was observed a tendency generally to glandular enlargements. On December 5th he spoke of a tumour that had suddenly appeared in the left back, and on examination a soft, regularly rounded, non-painful tumour was found. It seemed to contain fluid, and Dr. H. J. Bigelow agreed to that idea, but it was thought best not to puncture it, as it caused little or no suffering. Under hop fomentations, &c., it wholly disappeared in a very few

days. Jan. 20th.—A similar swelling suddenly came in the right back and side, extending laterally from within five inches of the sternum nearly to the spine, and from above downwards, over six inches. It projected at least an inch above the surface of the skin, but very gradually lost itself in the surrounding tissue. On the 31st it was punctured with a hydrocele trocar, and 3xvij of a grumous pus drawn off, with some relief. Meanwhile, the right side of the abdomen, in front, became hard and tender, and the spleen seemed rather lessened in size. The patient gradually became weaker, and died February 12th.

The treatment had been, in the first stages, tonics, quinine, iron, &c.; finally, diuretics and local applications to the tumour.

At the autopsy, the whole right side of the thorax was very prominent, and an incision being made, a cavity was found extending (between the muscles, and at times involving portions of them) from the cartilages of the ribs in front to the vertebræ, and from the spine of the scapula to the ilium. It contained bloody pus, and large coagulated masses, at its depending parts. By the microscope, pus was detected, and also exudation corpuscles and blood cysts. There was no lining membrane to the cavity, but it was continuous, with an infiltrated mass of cellular membrane lying on the right of the abdomen, and between the internal and external oblique abdominal muscles. This mass of condensed infiltrated cellular membrane was the cause of the hardness felt in the right side of the abdomen a few days before death. Axillary glands enlarged, and, like other glands, had a scrofulous, curdy look. Axillary veins of right side filled with enormous coagula, which extended through the vena cava descendens and auricle and ventricle of the heart, there terminating in a jelly-like looking pus. Not a particle of pure fluid pus was to be seen, but this jelly, or "concrete pus," was composed solely of pus globules.

In the left pleura was a large effusion of recent serum or lymph. *Lungs* healthy. *Heart* had a few old white patches. *Liver* pale, putty like, soft, tearing with its own weight, red substance scarcely seen; weight 9 lbs. 5 oz. *Spleen* weighed 4 lbs. 15 oz. (!), strongly adherent by old bands to peritoneum; it was solid, red, and, on incision, presented a smooth cut, of a red colour, save that in spots there were hard masses of a shining chestnut. *Kidneys* slightly affected with Bright's granular disease. *Intestines*.—Some old constrictions, from cicatrization, were observed; otherwise, they, with the stomach and other organs, were healthy. *Head* not examined.

Dr. Bowditch remarked that the enormous spleen and liver were interesting, but the abscess containing blood, and the concrete pus in the heart, and the total subsidence of one tumour from the back, were the more important points in the case. He had never seen the like before, although the hemorrhagic abscess and epistaxis probably were dependent on the same cause, viz: the hemorrhagic diathesis, consequent on hepatic disease, of which we have seen not a few examples.

Feb. 24.—*Membranous Croup; recovery from first attack; death after Pneumonia consequent upon a second access of Croup.* Dr. HOMANS reported the case.—The patient was a child of full habit of body, two and a half years of age. Seizure sudden, on waking. Ipecac. and calomel, with antimony, were administered; nausea was maintained. Early in the morning after the attack, Dr. H. used the sponge probang to apply a solution of nitrate of silver (grs. xl to ʒj) to the larynx; false membrane was observed on the tonsils. The child suffered very great dyspnoea from the operation, for half an hour; in an hour's time it began to breathe better; in twenty-four hours from this it seemed greatly improved; then, the paroxysms returned, and the caustic solution was again applied. Five days from this time, the child did not require the physician's attendance during a period of ten days; symptoms of true croup then returned, and the existence of pneumonia was also suspected; Dr. H. again had recourse to the nitrate of silver. The child died, just twenty-two days from the date of first attack.

The following account of the *post-mortem* examination is communicated by Dr. J. C. DALTON:—The middle lobe of the right lung was in a state of gray hepatization throughout; solid, without crepitation, distinctly lobulated and granulated on the cut surface. The bronchial tubes of this part exuded yellow pus abundantly on pressure. There was also a little red solidification along the posterior edges of both lower lobes. No pleurisy anywhere, lungs otherwise natural.

The trachea and bronchi generally, down to the tertiary ramifications, contained an abundance of thickish yellow pus. There was a little greenish-yellow lymph on the posterior surface of the epiglottis, and the inner surface of the cricoid and arytenoid cartilages, and the vocal chords were plentifully coated with it. The lymph was soft and easily detached over the greater part of the surface, but along the vocal chords it was tougher and pretty closely adherent. Its greatest thickness was a little over one-sixteenth of an inch. It did not extend farther than one-quarter of an inch below the lower edge of the cricoid cartilage. The mucous membrane underneath the lymph, as well as elsewhere, in the larynx and trachea, was quite smooth and pale. There was no lymph on the pharynx, the arches of the palate, nor on the left tonsil. The right tonsil was not taken out. There was no oedema, nor any redness of the mucous membrane about the pharynx or glottis.

The lymph extended only a very short distance into the ventricles of the larynx, and the mucous membrane of these cavities was quite pale and natural in appearance.

Dr. HOMANS remarked that the case afforded an example of recovery from a distinct attack of membranous croup. The subsequent attack derived additional gravity from the combination of pneumonia with it.

Dr. C. E. WARE referred to a case, formerly reported by him, where fatal pneumonia supervened upon croup.

Dr. J. B. S. JACKSON had noticed the discoloration of the lymph, by the

action of the nitrate of silver, *very low down*; an evidence of the penetration of the sponge into the larynx.

March 10.—Aneurism of Arch of Aorta. Dr. COALE reported the case.—J. W., twenty-nine years of age, five feet six inches in height; square built; regular in his habits; quiet and pleasing in his deportment. Patient was born in England; his occupation here was that of an ostler. Whilst currying a horse, in October, 1849, in stretching out his right arm he felt something give way in his chest, and a sharp pain took possession of the spot, which he referred to the middle of the sternum, about three inches from its upper extremity. From this time, he was seldom free from the pain, which varied at different times, being increased sensibly by appreciable causes, such as exercise, bad weather, catching cold, &c., although, occasionally, he was worse without any apparent cause. Patient came under Dr. C.'s care in August, 1850, ten months after the first indication of his trouble. The symptoms were the pain, above mentioned, dyspnoea, inability to lie on the right side; otherwise, his health was not much affected. The pulse gave a slight thrill; percussion afforded no appreciable sign; auscultation detected the murmur of *aneurism*. The treatment was general, with the exception that, a little later, when the above symptoms were more marked, infusion of digitalis and elixir of opium were administered whenever occasion called for such remedies.

The bowels, during the latter part of the patient's life, were very indolent, and required the action of senna, jalap, rhubarb, &c., to relieve them. For a month before his death, a cough troubled him, at times, and swallowing became difficult, even of a teaspoonful of fluid at a time. His position during this month was unaltered, being propped up in an arm-chair. For the week before death, prostration of strength was so great as to lead Dr. C. to suppose he would die from constitutional exhaustion. His death, however, occurred instantaneously, from rupture, March 9th, just seventeen months, lacking one day, from the probable commencement of the disease. For two months before his death, the tumour exhibited itself externally, on the right side of the sternum, and *post-mortem* examination showed a little encroachment upon two of the upper dorsal vertebræ, producing an absorption of a large portion of their bodies. The aneurism was evidently the sequence of an organic change in the artery, and affected the vessel, more or less, from its origin to its descending portion. In one direction the tumour pushed out anteriorly to the ribs, whilst, in the other, the posterior wall of the crown of the arch pushed back against the vertebræ, compressing the gullet and causing the difficulty of deglutition. All the other organs seemed healthy.

Gout. Case reported by Dr. COALE.—Mr. R., æt. forty-five, of full, portly figure; has lived, upon an average, nine months of the year in the West Indies, for seventeen years; general health good; skin fair; every appearance of general well-being; habits at table moderate; has lately been "bilious," and

taken some aperients with relief of symptoms; found him, Nov. 4th, propped up on a sofa, complaining of pain in back of right hip, which had annoyed him for several days; spot somewhat hard and red; no fever; prescribed spirits of nitre, and wine of colchicum; in the evening, he had his feet down upon the floor and thought he felt better. Nov. 5th, 9 A. M., Dr. C. found him in great suffering after a most distressing night; hip hard, shining, red; pulse 112, hard; skin dry; tongue coated; urine contains reddish and whitish gravel; and is scanty and high coloured. In the evening, patient was easier, colchicum had been continued through the day with considerable effect on the bowels; gave it again at night with ipecac. and opium. Nov. 6th, night very distressing; no sleep; pulse 112, hard; pain not abated; bowels not open; continued prescription with Rochelle powder until free action; in evening, as usual, better; twenty drops of black drop to be given at bed time. Nov. 7th, night passed as distressing as before in spite of opiate; easier in the morning; hip more inflamed; urine scanty, high-coloured, and depositing reddish sediment; pulse and skin as before; continued colchicum with solution of nitrate of potass, and tartrate of antimony, as far as there was toleration; bowels free; applied stupe of conium and poppy-flowers to hip. Nov. 8th, night as usual, painful in the extreme; towards morning a discharge of urine commenced; profuse, high-coloured, clear; one-half gallon discharged in four hours; pulse 100; treatment not altered; in the evening discharge of urine unabated, growing lighter; pulse 88; pain less; hip appears about to point just at the great trochanter. Nov. 9th, visited him with Dr. Shattuck, Sr.; pulse 80; skin cool; great tranquillity of the system, though the night had been very painful; flow of urine continues, but is bright and clear; hip apparently fluctuating, and, after careful examination by both physicians, a bistoury was plunged one and a quarter inches into the most tense spot; no pus; continue prescription, but in half doses; stupes to hip. Nov. 10th, night more comfortable than usual; felt some chill; pulse 80; skin cool; allowed some chicken-tea, and discontinued prescription; hip looks much as before. Nov. 11th, everything looks well; Dr. C. called at midnight and found him in excruciating agony; at times beyond control. The height of the inflammation now seemed to be about five inches below trochanter; made two incisions into the thigh, each one and a half inches long; they bled very freely, and evidently relieved the tension; at 2 A. M., gave sulphate of quinine, gr. ij; pulse before that, 88, soft, but irregular and jerky; left him soon after in a deep sleep. Nov. 12th, had been tolerably comfortable since Dr. C. left him; had taken two doses of quinine; pulse 84; fuller and more regular; Dr. J. Mason Warren saw him with Dr. C. at eleven; made four more incisions, carrying them through the fascia; continued treatment, adding five grains of assafoetida every alternate four hours; in the evening, skin cool; pulse 64; urine light coloured; pain and tension decidedly less; next day improvement continued, and so for a week; at which time another accession occurred, and ten days after it, another still; each marked very distinctly by critical, profuse discharges of urine and immediate abatement of very severe symptoms;

after the last, matter was discovered beneath the fascia of the rectus femoris, and exit was given it by opening with a probe the cicatrix of one of the incisions made by Dr. Warren; two pints of laudable pus were immediately discharged, and another at night; two days after, inflammation took place in the abscess, and a pint of pink pus was discharged morning and night for a week, when the pus became healthy again. Upon carrying in a probe very carefully, it passed up on the outside of the ham to the dorsum of the ilium, eleven inches, where it dropped backwards, the abscess there forming a large sac, from which pus could only escape by means of a counter opening; two weeks after the first opening, the discharge was ten ounces morning and night, when the patient was attacked by erysipelas of the head and face, though not very severely. The discharge from the abscess at once ceased and the opening closed, whilst the erysipelas, treated with quinine, continued three or four days only. The improvement of the patient now progressed with two slight interruptions; an attack of excruciating pain in the ball of the great toe, which exhibited a red spot the size of a half dime, disappearing with the pain in twenty-four hours; and the recurrence of fluid in the abscess, which, however, disappeared without opening, under the influence of frictions with iodine ointment.

The notable points in this case are, gout attacking, at its first onset, a large joint like the hip; whilst the extremities were left intact, and its termination in an abscess.

Dr. J. B. S. JACKSON asked, why the above case was described as one of *gout*? The hip-joint, a *large* joint, being the one mainly affected, and abscess being formed in its vicinity; erysipelas, also, was combined with it. Dr. J. said, he would rather have termed it severe inflammation.

Dr. COALE replied, that he had, at first, supposed it to be rheumatism; one of the *toe-joints*, however, had been affected; the paroxysms were regular in their access; the urine characteristic; in some points the case was anomalous.

Dr. J. M. WARREN remarked that he had never seen more intense suffering manifested than in this case: the indication of existence of pus seemed almost indubitable; this led to free incisions.

Dr. COALE alluded to Sydenham's graphic description of the very *acute* pain of gout.

March 10.—Variola in the pregnant female, between the seventh and eighth month of utero-gestation; disease not communicated to the child.—Dr. STORER said, that, several years since, he reported a case to the Society, where a woman just recovering from *varioid*, gave birth to an infant which was covered with the eruption of *variola*, and died from the effects of the disease in the course of the week after its birth.

Numerous cases might be cited, from various authors, showing the contagion to have been thus transmitted.

On the 19th of December last, Mrs. W——, between seven and eight

months pregnant, was attacked with small-pox; the eruption was making its appearance when Dr. S. first saw the patient. She had the disease very severely, and miscarriage was apprehended. No such accident, however, occurred, and she went safely to the termination of her pregnancy. Dr. S. anxiously awaited her delivery, dreading that the child would exhibit the marks of the infection. On the 28th of January, thirty-nine days, or five weeks and four days, after the appearance of the eruption in the woman, she was delivered of a fine-looking, healthy child, without the slightest trace of any intra-uterine disease. Dr. S. has vaccinated the infant *twice*, unsuccessfully, although the virus was inserted into the arm before it had dried upon the quills.

Contagiousness of Erysipelas.—Dr. Storer referred to the following case as bearing upon the contagious nature of the above disease.

Mrs. N——, Avery Place, was seized on the 20th ult., with the usual symptoms of erysipelas. On the third day from the attack, it had so far progressed, that the face was excessively swollen, and the eyes were closed. The progress of the disease was checked by the application of the tincture of iodine. During the five or six days on which Dr. S. considered it necessary to visit her, her infant, two months old, was kept at the breast as usual; the secretion of milk was somewhat diminished for one or two days, but the child was allowed no other nourishment. Thirteen days have elapsed since the appearance of the disease in the mother, but the infant still remains unaffected.

March 24th.—Case of Fracture of the Pelvis, with Rupture of Bladder.—Dr. J. M. WARREN exhibited the specimens. They were taken from a man thirty years old, who died on his way to the hospital, a bank of earth having fallen on him an hour before. The following were the appearances presented by the body. A fullness was observed in the right iliac region. The perineum was somewhat fuller than natural to the right of the median line. The left side of the pelvis appeared drawn up, so that the spinous process was above the level of the right. The right lower extremity was, by measurement, one half an inch longer than the left. On examination of the pelvis, a fracture was detected near the symphysis pubis, also one through the left sacro-iliac synchondrosis. By rotating the left lower extremity, the left ilium was freely movable, with some crepitus attending the motion. Powerful flexion of the right lower extremity produced an indistinct crepitus in the joint.

A catheter was passed with some difficulty through the urethra, and its point could at once be distinguished in the cavity of the peritoneum.

Permission being obtained, the autopsy was made five hours after death by Mr. F. J. Bumstead, of the hospital, who drew up the following account of it.

“On cutting into the peritoneal cavity, it is found to be entirely filled with blood. Its posterior wall is covered with a dark coloured ecchymosis, and is raised by a large effusion beneath. A small hernia of the tissues, external to the peritoneum, about the size of the little finger, protrudes through the mem-

brane, back of the right os pubis. The confused state of the parts beneath the peritoneum, renders a minute examination impossible. The blood has undermined the peritoneal cavity, and infiltrated the iliacus and psoas muscles.

"The bladder is ruptured to the extent of an inch above the triangular ligament, and posterior to the symphysis pubis. The diagnosis of fracture through the symphysis, and through the left sacro-iliac synchondrosis is found to have been correct. The fragments of the latter are separated to the width of a finger. In addition, the right acetabulum is crossed by several fractures which extend through the ischium and ilium, entirely isolating several pieces of bone. From the fundus of the acetabulum, a triangular piece of bone has been drawn inwards, and the corresponding surface of the head of the femur is crushed to the depth of one or two lines. Ligamentum teres not injured."

March 24.—Hypospadias. Reported by Dr. WILLIAMS.—The patient was a man about fifty years of age, and the father of two children. The anomaly was accidentally discovered on undertaking to introduce a catheter, to relieve a retention of urine. The dorsum of the penis and glans presented nothing abnormal. The under surface offered the following appearances:

The frænum was wanting. The edge of the prepuce was united to the under surface of the penis, at the distance of an inch from the extremity of the glans, with the exception of a horizontal slit about two lines in length. The catheter being introduced at this point, in the direction of the axis of the penis, was arrested after passing about an inch, but by carrying its point a little towards the left, it entered the urethra, which described a curve from this abnormal orifice to its usual direction. A cul-de-sac, admitting only the point of a probe, existed in the glans at the natural situation of the orifice of the urethra, and another similar cul-de-sac between this and the slit above mentioned. There was no appearance of any continuation of the urethral canal from the abnormal opening towards the extremity of the glans, but the narrowness of the slit prevented an exploration to determine if any such existed.

The patient being delirious, and remaining so until death, it was impossible to obtain any information respecting the case, except that above given.

March 24.—Oil of Turpentine in excessive dose.—Dr. PARKER reported the case. — E., æt. 26, married, glass-cutter, robust, sanguine, temperate, chews tobacco, and smokes. Has been in the habit of taking as a remedy for pyrosis, to which he is subject, first, "a lump of rosin as big as a nutmeg," followed by "half a tumbler-full of spirits of turpentine" (ol. terebinth. fl. ℥iv). This dose invariably "helps him." He once repeated this quantity, three times in twelve hours, without any known injury resulting. Feb. 5th, 1851:—Went yesterday morning to a turpentine factory, and took his dose in somewhat of a hurry; using the spirit as it ran fresh from the still; thinks he took a little more than usual. Was soon attacked with dizziness, a sen-

sation of extreme weakness, and pains all over his body, particularly in the region of the kidneys and bladder; he fell in the street, while going to an apothecary for relief; took a large dose of *spt. aeth. nit.* without benefit. In the evening he walked to Dr. P.'s house with difficulty; complained mostly of pain in hypogastrium, and difficult and painful micturition; some dizziness and prostration; other symptoms not marked; advised to go to bed, to take *pulv. ipecac. et opii, grs. xij, statim*; and *inf. lini. sem. ad lib.* Feb. 7th, patient called, and said he was immediately and completely relieved; a fellow workman came with him, to certify to the quantity of turpentine and rosin he is in the habit of taking.

Dr. ABBOT remarked that he had known a "hard drinker" to take *oil of turpentine* and *camphene*, in large quantities, with apparent impunity. In the above case, the patient is stated to be temperate.

April 14.—Tuberculous Disease of Mesenteric Glands, subsequently, apparently of Lungs. Tuberculous Masses in Spleen, Liver, and Supra-renal Capsule.—Reported by Dr. SHATTUCK, Jr.—S., twenty-two years of age, eyes gray, hair chestnut, lips thin, knowing of no hereditary predisposition to tubercular disease, a common out-door labourer till within five months of his death, and then for three months in a nail factory. Eighteen months before his death, soreness of the abdomen came on, and soon after, a tumour, perceived in the epigastrium, and a few weeks later another, below the umbilicus. Loss of appetite, of flesh and strength; at the end of nine months, two or three attacks of hæmoptysis, rather copious. Hectic fever about five months before his death, and night-sweats for three months. The cough commenced between two and three months before death. He entered the hospital March 30th, weak, emaciated, with a pulse of 120, with dullness, bronchial respiration and mucous râle over upper region of both sides of chest. A tumour was felt in the vicinity of the liver, and a movable tumour below the umbilicus. The glands of the neck were enlarged and sore. He died April 8th. At the autopsy, the lungs were found filled with tuberculous matter, and the bronchial glands were tuberculous. The liver weighed three pounds fifteen ounces, and contained large, rounded, tuberculous masses, ten or twelve in number, averaging one and a half inches in diameter. The epigastric tumour was formed by one of these masses. The spleen weighed seven ounces, and contained three tuberculous masses, each about the size of a chestnut. There were several ulcerations in the small, and two or three in the large, intestines. The mesentery and its glands weighed one pound one ounce. Three or four of these tuberculous glands together, constituted the tumour felt during life, which was four and a half inches long by two and a half broad. Several tuberculous masses, of the size of a pigeon's egg, were found in the subperitoneal membrane, attached to the diaphragm. The kidneys were normal, but just above the right kidney, in the place of the supra-renal capsule, was a tuberculous

mass, one and a half inches long by one inch in breadth, and the kidney, with this mass, weighed eight ounces.

Dr. Shattuck also reported the following case:—

Tuberculous Disease of Lungs, Bronchial Glands, Intestines and Mesenteric Glands; Scrofulous Disease of Right Ankle-joint.—This patient was fourteen years of age, hair chestnut, eyes dark, lips thin; had been employed for two years in quilling cotton, breathing an atmosphere loaded with dust. No tuberculous disease in family. She commenced coughing about the middle of November, was soon obliged to give up work, with loss of flesh, night-sweats, and early in January, pain in the left ankle, with swelling. Feb. 18th, there was dullness over left upper chest, anteriorly and posteriorly, gurgling under left clavicle, dullness, bronchial respiration, mucous râle over right upper back, scarcely any vesicular respiration; emaciation quite marked. She kept her bed mostly, took cod-liver oil, a drachm three times a day, for thirty days; was constipated, the bowels being kept open by gentle laxatives; the pain and swelling on the whole continuing, though relieved by opiate fomentations. She died on the 6th of April. At the autopsy, the lungs were found loaded with tubercular disease, with small cavities at the summits; tubercular disease in the bronchial and mesenteric glands, none in the cervical or inguinal. Tuberculous matter was found within the first five feet of the small intestine, and numerous ulcerations lower down. The cartilages of the astragalo-scapoid articulation were thin and detached; the ends of the bones spongy; no tuberculous deposit; serous infiltration of subcutaneous cellular tissue.

April 14.—Extensive Emphysema into cellular tissue of Face, Neck, and Chest, during difficult labour.—A case of this nature was reported by Dr. ABBOT. The distension from effused air was excessive, extending over the whole face, neck, and chest of the patient, as far down as the second or third rib; surfaces crepitating on pressure. The eyes were nearly closed. The affection was not attended by any dyspnoea, nor by any inconvenience except a sense of extreme distension, as if the skin were in danger of bursting, during the pains; nor was it followed by any pulmonary symptoms; it subsided in from eight to nine days. The appearance of the distended surfaces was very like that observed in severe erysipelas, although the redness was not so great as in that disease. Much comfort was derived from the application of cold water during the labour. Subsequently to the labour, slight tenderness was remarked, just above the upper border of the sternum.

Dr. A. thought it probable that the air escaped from the neighbourhood of the bifurcation of the trachea.

[Dr. BLUNDKELL, in his "*Principles and Practice of Obstetric Medicine*," remarks, speaking of the above phenomenon, that disruption of the larger air-tubes is not of frequent occurrence; when it happens, an erythematous flush of the integuments manifests itself simultaneously with the swelling

from the effused air, the circulation being accelerated. The patient, at first glance, would be thought to labour under a sudden attack of erysipelas. Immediate delivery is desirable; the patient should be prevented from retaining the breath and bearing down. After delivery, the aperture, which, perhaps, is rarely large, probably heals easily and spontaneously. Dr. B. had seen but one case.]

April 14.—Immediate division of the Funis Umbilicalis in connection with sudden death of the newly-born: hemorrhage occurring from the mouth, &c.—Dr. STORER remarked that at the last meeting of the Society, in answer to a question put to him upon the subject, he stated that in a case of labour he never separated the child from the mother until the pulsations in the cord had ceased. After the meeting had adjourned, he was surprised to learn that some of the oldest and most distinguished members of the Society never waited until the funis ceased to pulsate, but severed the cord as soon as respiration was established. Dr. S. observed that as this might be the general opinion of the Society, and as his remarks may even have appeared absurd, he would ask permission to give his reasons for the opinion he entertained upon the subject, and to cite an authority or two to support it. He stated that it had been for many years a rule of practice, with him, to wait in all cases of labour until the pulsations of the funis could no longer be felt, previous to the application of the ligature to it, and that he had year after year thus taught the young gentlemen who had belonged to the private medical school with which he had the pleasure to be connected. Very early in the practice of his profession he met with two cases in which profuse bleeding occurred from the extremity of the cord, owing to the ligature having been removed after the funis was severed. This hemorrhage could not have occurred, unless the blood was still flowing in the vessels of the cord, and, as in the vast majority of cases the pulsations of the funis cease in a few moments (Dr. S. never having known them to continue longer than twenty-five minutes, and that length of time in a single case only), it seemed to him that we should listen to this indication of nature, and wait a few moments. He had never met with a case of bleeding from the extremity of the funis since he had pursued this course. Besides, it had seemed to him that there was great danger to some of the important viscera, from the circulation being thus suddenly diverted to them. It is not unusual upon the birth of a child to find the funis pulsating with great force. Is it not more rational (asked Dr. S.) to allow this force gradually to subside, than to check it at once? And may not some of the cases of hemorrhage from the nose and mouth, which have been published in the foreign journals, have been produced by pulmonary congestion dependent upon this cause?

Dr. S. observed that perhaps most physicians would say that they never had met with any case which would lead them to think it necessary to wait a

moment; with Jewell in "the *London Practice of Midwifery*," they would remark, "When the child is born healthy, kicks and cries, it does not signify how soon we tie the navel string."

But there were some in the profession who considered it of importance to delay. Thus Churchill says, "After waiting until respiration is fully established, or until the pulsation in the cord ceases, a ligature is to be applied." Dewees observes, "When respiration is established, either spontaneously or by artificial means, we apply a ligature to the cord, provided pulsation has ceased in it; but not until then." And White, in his work "*On the Management of Pregnant and Lying-in Women*," writes, "The funis umbilicalis should never be divided or tied whilst there is any pulsation. By this rash, inconsiderate method of tying the navel string before the circulation in it is stopped, I doubt not," says Mr. White, "but many children have been lost, many of their principal organs injured, and the foundation laid for various diseases."

Dr. S. added that should no member of the profession think the course here referred to necessary, a knowledge of the fact would not influence his practice. No argument had been offered against it, and the cases he had referred to, in which hemorrhage from the funis had nearly proved fatal, marked out for him his duty.

[The above remarks were elicited in consequence of a discussion which arose in the Society as to the propriety of tying the cord immediately, and before its pulsation had ceased. A case was reported to the Society at a previous meeting by Dr. Channing, where the child, apparently very healthy at birth, died in the nurse's arms while being dressed, violent hemorrhage from the mouth taking place; none from the cord, which was tied immediately after delivery.

Dr. Abbot asked if these cases are not referable to tying the *yet pulsating* cord? Dr. Bigelow, Sen., and Dr. Homans, considered a *fully established* respiration a sufficient warrant for severing the funis. A delay of a few moments cannot certainly weigh with the physician against even *possible* risk to the child.]

April 14.—*Spontaneous reclinatio*n of the Crystalline Lens. The case was related by Dr. BETHUNE.—The patient is a man about 50 years of age. Cataract first appeared in the left eye, fourteen years ago. This eye went on to get wholly blind, so that with it he had no perception of light. In this state it remained till one and a half years ago (the *right* eye having for six months previous begun to lose its vision). At the period above mentioned, while walking out in the morning, he *suddenly* recovered sufficient sight to make out large objects. This degree of vision still remains.

His wife, who saw the eye on his return, says that it appeared precisely as at present. With the *right* eye he can now just count his fingers.

On examination, in *right* eye a bluish-white cataract fills the pupil; in *left*, the anterior chamber is clear; at the bottom of the posterior chamber,

occupying from one-third to one-fourth, is seen the lens, apparently reclined, and moving up and down with the movements of the eye.

This patient was seen by two surgeons conversant with eye disease, shortly after the change took place, both of whom stated that it was the first case of the kind they had ever seen.

April 28.—Dislocation of the Crystalline Lens without rupture of its Capsule. Reported by Dr. WILLIAMS.—The patient, a man about fifty years of age, received a blow upon the left temple, some time since. When first seen, the lens floated freely in the posterior chamber, as the eye was moved in various directions. When lying upon his back, vision was partially lost, and when he stooped forward, the lens completely covered the pupillary aperture, and prevented the access of light. Its convex surface could then be observed, a little beyond the plane of the iris, in the anterior chamber. In size, the lens was nearly or quite of the average dimension.

An attempt was made to incise the capsule, by means of a needle passed through the cornea and pupil, but its toughness prevented more than a small puncture being effected. From this puncture a small amount of lenticular substance oozed out, but not enough to materially reduce the size of the floating cataract. It became, however, fixed behind the lower part of the iris, and can be distinguished in this situation at the present time.

The other eye had suffered from the effects of traumatic inflammation, presenting opacity of the cornea, anterior synechia, and a nearly closed pupil, but no appearance of cataract.

April 28.—Malignant Disease of the Testicle—Diagnosis obscure from accompanying Hydrocele.—Dr. S. PARKMAN presented the specimen, removed a few days previously; it was somewhat larger than the fist, and the whole organ was transformed into an almost diffuent, encephaloid substance, which, under the microscope, presented the usual appearances of malignant disease in its most marked degree. The interesting point in the case was the obscurity of the diagnosis. The patient was aged forty, of irregular habits, though of good general health, and the tumour had existed eighteen months, gradually increasing from its commencement without pain or inconvenience, other than from the weight and size. His physician inclined to regard it a hydrocele from its pear-shape and well marked fluctuation, but transparency being absent, doubts were naturally entertained, and Dr. P. was consulted. To ascertain the character of the tumor, which resembled a hydrocele exactly in every circumstance but its transparency, Dr. P. punctured it with an exploring needle, and the escape of a small quantity of serous fluid seemed to clear up any doubt that might be entertained, the absence of transparency being not unusual in hydrocele, either from a thickening of the cyst or turbidity of the fluid. The diagnosis being thus regarded as made out, Dr. P. introduced a trocar and canula, for the purpose of the radical cure

by iodine. Nothing but blood followed the withdrawal of the trocar. It was then stated to the patient that the disease was either an hæmatocele, or some enlargement of the testicle itself—and it was proposed that a small incision should be made into the tunica-vaginalis, and if it was distended by blood, this should be discharged, and thus the disease be radically cured, or, if the testicle was found to be affected, it should be removed by an extension of the incision. This was consented to—and no pain or other symptoms having followed the puncture, the next day but one, a small incision was made which gave issue to a moderate quantity of serous fluid; but the testicle being found diseased, its extirpation was immediately proceeded with. The disease was proved to be as described, one of the testicle, but the fluid secreted in the tunica-vaginalis, and a drop of which was discharged by the exploring needle, naturally led originally to a different diagnosis—especially as there never had been any pain or other sign of disease of the organ itself.

April 28.—Membranous Croup successfully treated by cauterizing the Larynx with Nitrate of Silver.—Dr. S. D. TOWNSEND was called early in the morning, to a girl five and a half years of age, who had been unwell for two days. The croupy breathing did not come on until a short time before he visited her. She was treated with Dover's powder repeatedly during the day, and the room was filled with vapour by immersing heated irons occasionally in a tub of hot water. Cauterization with nitrate of silver was practised at noon and in the evening without much relief; at twelve P. M., the croupy respiration increasing, the patient was fast sinking from suffocation; the pulse intermittent; the caustic was more effectually applied. Expectoration of a portion of the membrane, an inch in length and half an inch wide, followed in fifteen minutes; relief was immediate; ether was also inhaled with a happy effect, producing a pleasant sleep. Several portions of membrane were expectorated during the night and the following day, and the respiration became natural. No patches of lymph upon the tonsils or fauces were discovered. At this time, seven days from the attack, the patient is playful, with a good appetite. Expectoration purulent and bloody. Has had no return of dyspnœa, but still speaks only in a whisper.

April 28.—Tuberculous Disease; sudden death; congestion of the lower lobe of the left lung. Dr. SHATTUCK, Jr., related the case.—The patient was a sailor, sixteen years of age; in October 1850, he began to cough, and hæmoptysis occurred on a voyage from New Orleans to Liverpool; one or two ounces of blood were raised. The cough continued for some weeks, but he considered himself perfectly well in December, when he shipped to go from Liverpool to St. Thomas. He was much exposed to wet and cold on the voyage, the fore-castle being uncomfortable; the cough returned, and was accompanied by emaciation, loss of strength and night-sweats. At St. Thomas, no improvement in his health; one small hæmoptysis; he remained there a month, and

then took passage for Boston, not well enough to do any work, and entered the Massachusetts General Hospital, about the middle of April, with cough, purulent expectoration, night-sweats, and quite marked emaciation; dullness on percussion and mucous râle under both clavicles. On Saturday morning, April 26th, he was remarkably bright, took his breakfast with relish, and, an hour afterwards, as he was walking about the ward, suddenly cried out for help, and was assisted to a chair. Urgent dyspnoea existed, and aerated serum was profusely expectorated; the perspiration flowed in drops from his face, and duskeness of the skin was remarked. He died in less than an hour from the time of seizure. At the *post-mortem* examination, the whole lower lobe of the left lung was congested, the vessels filled with blood; no hepatization; extensive tubercular deposit in the upper lobe of the left, and in the right lung; cavities at the summit of both lungs. Ulcerations in trachea and upon mucous membrane of small intestines. No tubercular disease in other organs.

April 28.—Extensive Mammary Inflammation. Dr. COALE.—Mrs. B., æt. 26, primipara, had been affected for several years, with an irritable state of the breasts, causing them to swell and become very painful whenever she took cold. After an easy confinement, she did well until the third day, when an inflammation set in, affecting both mammae, causing them to become enormously enlarged, hardened and painful. The tenderness was so great, that the elbows could not be separated from the side more than six inches. After the application of twelve leeches to each breast, a surface on each, two inches wide and six inches long, was painted with cantharidal collodion, and a profuse discharge established from the blistered surface. The effect was very happy, the inflammation so rapidly and totally subsiding, that the patient nursed her child within ten days of its birth.

April 28.—Abscess of Mons Veneris.—Dr. BETHUNE had, recently, a case of this nature. The patient, a mulatto girl eighteen years of age, was under his care for aquo-capsulitis; she was evidently scrofulous. Mercury, in the dose of one grain daily, was administered for a period of ten days; no effect upon mouth. At the end of this time the diseased eye having rapidly improved, inflammation of the cellular tissue of the pubis occurred; in a week, fluctuation was evident: on puncture, pus, of rather watery character, was discharged. There was considerable constitutional affection, which diminished, and appetite began to return before the discharge of the pus. 29th, patient nearly well; the eye, also, had almost recovered.

Dr. PARKMAN had seen two cases of abscess in the region of the pubis, where the pus was very fetid.

Dr. MINOT referred to three cases, observed by him, of a somewhat similar nature, wherein tuberculous matter formed within the labia, and, softening, was discharged. The pain in these cases was excessive.

May 12.—Dr. J. M. WARREN read the following letter on the use of chloric ether as a disinfecting agent, from Mr. C. H. HILDRETH, one of the House Surgeons at the Mass. Gen. Hospital.

"Having recently had occasion for the use of chlorine as a disinfecting agent, I was led to consider, whether there might not be some method more convenient and efficacious than that usually adopted for its evolution. Though the gas extricated by the new method is not chlorine, as it was at first supposed to be, but chiefly hydrochloric acid, yet it seems practically of at least equal efficiency for deodorizing purposes.

"Chlorine is usually generated by the action of sulphuric acid upon a mixture of binoxide of manganese and chloride of sodium; by the action of the same agent upon the chlorides of lime or soda; or by the simple exposure of the latter in open vessels. If, in the first process, the binoxide of manganese be omitted, hydrochloric acid is evolved; this latter method is in popular use. Even where the manganese is present, much hydrochloric acid is given off, and, if pure chlorine be desired, manganese and sulphuric acid only should be used. In either process the application of heat is necessary.

"The first of these methods is attended with some inconvenience, and requires considerable attention. By the second, the gas is rapidly liberated, but the supply is soon exhausted, and the materials must be replenished. The third is simple and convenient, but not very efficacious.

"The plan which I propose, is both simple and efficient. It consists in the combustion of chloric ether in a common lamp.

"The gas arising from the decomposition of the ether has been analyzed by Dr. Bacon, of this city, and found to be chiefly hydrochloric acid with a little chlorine. Practically, I have not found it less efficient than pure chlorine for disinfecting purposes. It has been used to a considerable extent in the Massachusetts General Hospital, and appears to give no inconvenience to the patients. Its odour may be plainly perceived upon entering a ward where the lamps are burning, and in a moderate degree it is far from disagreeable. So far as has been observed, it exerts no injurious influence upon the furniture or metallic utensils of the ward. Its deodorizing powers appear fully equal to those of chlorine.

"For disinfecting the wards of hospitals, or the private apartments of the sick; for deodorization during an autopsy in a private house, and for numerous similar purposes, I apprehend the chloric ether lamp will be found convenient, inexpensive, and efficacious."

Dr. W. stated that he had frequently employed the gas made as above described, during the last two months, and with much satisfaction; he considered it as the most neat and convenient process for deodorizing, where a gaseous substance was required, that had come under his notice. He had used it in a glass lamp, such as is manufactured for burning camphene; this is provided with a small cap or extinguisher, which covers the top of the lamp, and prevents evaporation of the ether, when not in use.

May 12. Hydrocephalus.—Dr. COALE reported the case of A. H., born January 14th, 1849. Parents healthy; first child. Dr. C. was called to see her when she was two weeks old; found her labouring under cerebral symptoms, which soon resolved themselves into undeniable signs of water on the brain. She was treated with small doses of calomel, and afterwards with hydriodate of potassa, with apparent benefit at first. The head, however, steadily increased in size. The general health was good except when disturbed by teething—at which time she had occasional spasms, never amounting, however, to a general convulsion.

Measurement of head.						Inches.		Inches.
Sept. 12th, 1849.	Over crown from meatus to meatus	12½	Round	18½				
Nov. 1st,	" " " " " "	13½	"	19½				
" 28th,	" " " " " "	14	"	20				
May 10th, 1851.	" " " " " "	17½	"	23½				

The family having moved out of town in Aug. 1850, Dr. C. did not see the child after that except at rare periods. The last time was May 10th, 1851. Her height is now thirty-one inches; she lies on her back; is blind, but hears, though imperfectly. The pressure above has forced down the vault of the orbit so that the eyeball seems lower, and more covered by the lower than the upper lid; much of the white above the cornea being exposed, whilst the cornea is half covered by the lower lid. The mouth contains the usual number of teeth. Motion of limbs perfect, but feeble, except of right arm, which is paralyzed almost entirely. Fond of throwing the left hand about, and with it occasionally feels the right arm, and resists any attempts to meddle with it. Extremities cold, making it necessary to keep a good fire in the room day and night through the winter. Never cries or frets. Takes, three times a day, ten ounces of milk, sucked from a bottle. Bowels open with regularity once a day.

The child died two months and a half after this, without any remarkable change.

May 26. Otorrhœa of Twenty Years' Duration, terminating fatally from Hemorrhage. Case furnished by Dr. F. H. GRAY. Dr. PARKMAN showed the specimen.—F. C., twenty-one years of age, of scrofulous habit, though having a good share of health, had been troubled with a purulent discharge of fetid character from the right ear, from infancy.

On the evening of April 10th, 1851, patient rode several miles on horseback, and on the following morning complained of general uneasiness, though sufficiently able to attend to his ordinary business. On the morning of the 15th, severe pain commenced in right ear, which continued for three successive days, at the end of which period, copious and offensive purulent discharges found

their way into the meatus auditorius and likewise into the mouth. Patient was greatly relieved by the discharges, and was able to walk and ride out, though he still suffered from headache, until the morning of the 21st, when some coagulated blood was ejected from the mouth. Copious hemorrhage took place from the ear and into the mouth at intervals, varying in quantity from 3iv to Oj, during the next twenty hours, when he quietly laid himself back, and expired. During the whole illness, there was an almost daily occurrence of vomiting, with the pulse unusually slow, possibly to be referred to the influence of narcotics.

At the autopsy, there was found a slight bloody effusion in the lower surface of the cerebellum, proceeding from a small gangrenous opening in the posterior surface of the right lateral sinus, just before it terminates in the jugular vein; the sinus was also ulcerated on the side next the petrous portion of the temporal bone, and blood was extensively effused into the cavity of the ear and into the cellular tissue behind the pharynx. The petrous portion of the temporal bone, sawn through and exhibited, showed the cavity of the ear deeply affected with caries, and undoubtedly the inflammation had spread from this point, involving the sinus. The specimen is in the Society's Cabinet.

June 9. Ovarian Tumour. Dr. CHAS. E. WARE reported the case.—He first saw the patient (a single woman) June 29th, 1850. She was then fifty-nine years of age, and had perceived the enlargement of the abdomen for about a year. It had occasioned no inconvenience beyond a little embarrassment in walking. The swelling was occasioned by a tumour, hard and elastic, divided into three lobes. The central lobe appeared to originate from the fundus of the uterus, having the bladder directly between it and the pubis, and extending above the umbilicus. To the left of these tumours, between the crest of the ilium and the false ribs, there was another tumour, loose and flaccid like a half empty sac. Dr. Ware was called to see her on account of vomiting, and some disturbance of the bowels occasioned by the interference of the tumour. She was speedily relieved. She had similar attacks in July, September, and in November, at which latter time there was great fullness of the abdomen, and distinct ascites. She had, during this time, been taking the oxymuriate of mercury, and afterwards hydriodate of potash, without any distinct advantage.

In January, 1851, she had another attack of vomiting. At this time, the abdomen had very much diminished in size, and there was no appearance of fluid in the peritoneum. In the right groin, there was a group of enlarged inguinal glands; some of them as large as a hazelnut. No tenderness about them, nor signs of inflammation. At the time of her death, these had entirely disappeared. The tumours remained about the same, except that they were more distinct on account of the general emaciation. Up to this

time, in the interval of her attacks of vomiting, or of diarrhoea, which would continue from a week to a fortnight, she was able to keep about. After this attack, she rarely left the house, and was often confined to her bed. She slowly wasted in strength and flesh, was able to bear little food, and had more frequent attacks of vomiting.

March 31st. She was seized with griping pain in the bowels, and some looseness. She took to her bed, and did not again leave it. Three weeks afterwards a more severe attack occurred, under which she sank, June 4th.

Autopsy.—Very great emaciation. No fluid in the peritoneum. The inguinal glands entirely subsided. The tumour arose from the left ovary. It had only one very slight adhesion, and that to the omentum. Although forming one mass, it was lobulated into four or five parts. One of these was a cyst large enough to contain a teacup of fluid. The fluid was about the colour of strong coffee. Another small cyst, about the size of an English walnut, contained a soft paste of a dark bistre colour, which, under the microscope, presented only brown granules and granular corpuscles. The other lobes, which constituted the mass, and would weigh four or five pounds, were solid, and had much the appearance of carcinoma. There were several small cavities in them containing a limpid fluid. The whole mass had a somewhat oedematous appearance. Under the microscope it presented cells, caudate, irregular, and nucleated, but no granular corpuscles. There was a distinct stroma similar to that of carcinoma. At the lower part of the small intestines, the membrane was intensely red, rough, and at points ulcerated.

There was no disease in any of the other organs.

June 23d.—Dr. SHATTUCK, Jr., reported the following cases:—

Chronic Dysentery, Diarrhoea; less after taking Oil of Turpentine—Peritonitis not revealed by Symptoms—Extensive Ulceration of the Mucous Membrane of the Large Intestine.—B. P., fifty-five years of age, born in Genoa, had been in America two years—during the last of which, had lived in Boston. He entered the Massachusetts General Hospital April 19, 1851, reporting himself as having suffered for two months from chronic diarrhoea and abdominal pain. He knew of no cause for his disease; of dark complexion, emaciated; six or eight yellowish stools in twenty-four hours; tenesmus; abdomen flat, rigid, not tender on pressure; appetite small; no fever. He was put upon a diet of boiled milk and lime-water, thickened with flour, or pounded cracker; took chalk mixture and paregoric, tannic acid and powdered opium; up to the 30th April, there had been no improvement. He now took half an ounce of the mucilage of gum Arabic with half a drachm of the spirits of turpentine, and fifteen drops of the tincture of opium, three times a-day. He had an ounce of cherry brandy in the morning; chicken and macaroni for his dinner. May 17th, he was more comfortable; less abdominal pain; more appetite; two or three dejections every day. He took, for one day, three doses of

the tincture of *nux vomica*, gtt. vii; had numerous dejections, with pain; the former medicine was resumed, and on the 21st he had but two dejections. He gradually lost strength, so as not to be able to walk about the ward; the 27th, he was in bed; no abdominal pain; no tenderness of abdomen on pressure. The 28th, the pulse was 106, small, feeble; prostration; no stool in last twenty hours; died that night.

At the autopsy, a half pint of pus was discovered in the abdominal cavity, the intestines being glued together by lymph, and their peritoneal coat and that of the cavity finely injected; mucous membrane of small intestines and stomach quite healthy. In large intestines, ulcerations commenced about two inches from the ileo-cæcal valve, small, round, numerous, several extending to peritoneal coat; six inches from the valve, three parallel strips of ulceration, three inches in length by three or four lines in breadth, extending to the submucous cellular tissue. Numerous small ulcerations in sigmoid flexure.

Chronic Dysentery—Sudden Death—Small Effusion of Blood between Dura Mater and Arachnoid—Peculiar Injection and Ulceration of Large Intestine.—Joachim, a Portuguese seaman, twenty-eight years of age, was taken with diarrhœa in a voyage from Batavia to Boston, and had been ill about ten weeks, Dec. 17th, when he arrived in this country. He ate indiscriminately; took no care of himself; continued to suffer from abdominal pain, diarrhœa, loss of flesh and strength, and entered the hospital April 18th. He was put on a diet of lime-water and milk, and pounded cracker; took astringents and opiates for several days. He continued to have seven or eight loose yellowish discharges in the twenty-four hours; occasionally, blood and mucus. He was then put on meat and rice, brandy and water, taking occasionally powdered opium or laudanum. Small epistaxis on the 21st; on the 29th, had a faint turn from which he recovered; ate his dinner with usual relish; died suddenly about five o'clock in the evening.

At the autopsy, a patch of effused blood three inches in diameter, rather more than a drachm in quantity, was found anteriorly on the right side between the dura mater and the arachnoid. The brain generally soft. The mucous membrane of stomach and small intestines pale, of sufficient consistence. The liver was healthy; its weight three pounds and a half. Injection in spots under serous and mucous membranes of large intestines, some of a bluish colour, some of a bright red colour, not corresponding to each other. Ulcerations small, circular; in some of these, patches of mucous membrane, extending to the cellular tissue. Mucous membrane of large intestines generally soft. Intestinal tube containing less of its secretions and fecal matter than usual, there having been free operation about the time of death.

Chronic Dysentery prevented by Oil of Turpentine—Strangury—Recovery.—Mary Beasley, a spare woman, muscular system sufficiently developed, healthy;

had had no long illness; had one attack of diarrhoea, which lasted about three weeks, in 1849. She came over to this country in August, 1850; suffered from sea-sickness during the voyage, which otherwise was pleasant; no fever or diarrhoea amongst fellow-passengers. She arrived in New York, and went immediately to live with her son; working moderately. She was taken with abdominal pain, and had six or eight loose stools in the twenty-four hours, with, occasionally, slime and blood, about a month after her arrival. She took pills, which controlled her discharges for a day or two at a time; occasionally she would have none. She entered the hospital June 10th, having had six or eight discharges a day for the last two weeks; pain; little or no appetite; tongue not remarkable; pulse 84; skin not remarkable; abdomen not full, tender on pressure. She took a pill with two grains of tannic acid and half a grain of opium twice a-day; five or six stools, with some blood and mucus. On the 11th, she took half an ounce of castor oil in a cup of flax-seed tea, which was followed that day by two doses, at regular intervals, of half an ounce each of the mucilage of gum Arabic, half a drachm of the spirits of turpentine, and six drops of the elixir of opium. She had three dejections on that day, none on the 12th; and, on the 14th, in the morning, she was attacked suddenly by severe abdominal pain. The house physician gave her a grain of opium and thirty drops of laudanum in a starch enema. Micturition bloody and painful. She took opiates and mucilages; was better on the 17th, well on the 22d, and left on the 30th, perfectly well in every respect, gaining flesh and strength.

These were the only cases of chronic dysentery in the medical wards of the Massachusetts General Hospital during the months of March, April, May, and June. There was one case of acute dysentery during the same period. Of one hundred and five cases of acute dysentery, which were received at the hospital during a period of twenty-four years, but three cases occurred in the spring months. Of nineteen cases of chronic dysentery, during the same period of years, there were also three in the spring. The peculiarities of these cases are, perhaps, sufficiently obvious without any farther comment.

June 23. Poisoning from Eating of Strawberries—Eczema. Case reported by Dr. ALLEY.—A gentleman ate freely of strawberries at noon. In the course of half an hour he was seized with nausea, which did not terminate in vomiting, but disappeared in about an hour. Towards evening he perceived a slight irritation upon his chin, accompanied with redness and itching. The next morning the whole of the right side of the face was swollen, and during the day the eruption extended across the forehead and over the left side of the face, and the swelling increased so as nearly to close the eyes. The same day, the eruption appeared on the anterior portion of the chest, on the scrotum, and extended down the inner side of the thighs. It was characterized by crops of minute vesicles, thickly crowded together; and upon the

chin, and over the upper lip, appeared an exudation of yellow serum. The constitutional symptoms were slight, the patient complaining somewhat of pain across the forehead; restlessness at night. Pulse accelerated; complained of no pain in abdomen. Patient reports that, six years ago, a similar attack followed the eating of strawberries, but did not appear to be so directly caused by them. Has eaten them occasionally since, but not without some feelings of discomfort. The bowels were freely opened by saline cathartics, and a light diet ordered. In the course of five days, the swelling subsided, redness disappeared, and the skin was rapidly assuming a healthy appearance.

June 28.—*Severe Urticaria from Hyoscyamus.* Case reported by Dr. CABOT.—Mr. B. was suffering severe pain in abdomen, and as it was deemed important that the medicine which he had taken (castor oil) should be allowed to operate, he was directed to take a teaspoonful of tinct. hyoscyami every hour until he had taken three doses—unless he was relieved sooner from his pain. Soon after the first dose, he felt his lips swell somewhat, and became drowsy. After the second dose, passed a large quantity of flatus. About ten minutes after the third dose, his nose swelled very much, which swelling extended all over his face and body, growing less severe below his waist; this was accompanied with a prickly sensation and itching. The skin of the face was very red, shining, and hard; the eyes were shut; there was no interval seen until below middle of body, where bunches and irregular patches appeared scattered over the surface, and some smaller ones appeared like enlarged papillæ of the skin. He could hardly utter a word, owing to a “stiffness of the tongue and lips,” as he expressed it; what he did say was with a thick, blundering manner, like that of a drunken man: his mind appeared perfectly clear. The eruption began to subside in about an hour and a half from the time the last dose was taken, and had almost or quite disappeared the next morning.

June 27.—*Gangrene of Appendix Vermiformis.* Dr. J. M. WARREN related the case.—The patient was a gentleman forty years of age. He had always been subject to what are called bilious complaints. About four years since, he was confined for some weeks to the house with a severe attack of colic, attended with constipation; and at this time Dr. W. observed a small hard tumour, tender on pressure, in the right lumbar region. Two years ago last October, he had a second attack, in which the pain was excruciating, and required the constant inhalation of ether and use of the opiates to relieve him. At this time there was a diffuse swelling in the right iliac and lumbar regions, quite hard and very tender. Under the use of leeches, and by inducing a slight mercurial action on the system, he slowly recovered. At this time, Dr. W., fearing some organic complaint, not only from the swelling, but from his great susceptibility to cold and disturbed digestion, advised him to relinquish

business, at least so far as to allow him to have his mind perfectly free from any care, and to give him an opportunity of paying particular attention to his health. This he did, and has been quite free from any trouble until the final attack. This came on after exposure to cold and some irregularity in diet. The pain, for a day or two, amounted merely to a feeling of uneasiness, but gradually became excessive. A tumour could be distinguished, at this period, in the right iliac fossa, the size and length of the forefinger; was quite hard, and could be almost seized, through the integuments, and lifted up. The pain and tenderness were so great as to require the overpowering use of opiates, administered by enema. On the third day there was a slight evacuation from the bowels by means of an enema; but the patient shortly after fell into a state of collapse, and died on the third day after the violent seizure. For the last twenty-four hours there was the most distressing hiccough. On examination after death, extensive peritoneal inflammation was found to exist. There was very great induration of the omentum, with firm adhesions, arising apparently from the previous attack, two years before. Some purulent matter escaped from the cavity of the pelvis. The appendix vermiformis was found gangrenous and perforated at both ends, and in its central portion was contained a mass of indurated feces the size of a prune stone. On section of this substance, no nucleus could be discovered.

Amputation at the Shoulder-joint. Dr. J. M. WARREN.—The patient was thirty-two years of age, and was brought to the Massachusetts General Hospital on the 16th May, his arm having been drawn in between the cog-wheels of powerful machinery used for pressing hemp, two hours before—the limb passed in up to the shoulder. The bones of the hand were found to be crushed, the radius and ulna not broken; the lower two-thirds of the humerus communicated, and an opening over the brachial artery, two inches below the axilla, allowed the finger to be passed in up to the joint. The limb was removed by an anterior and posterior flap. Some difficulty was experienced in disarticulating the head of the humerus, from the fact that the bone being broken below, no purchase could be had by which the head could be lifted from its socket. A powerful pair of forceps had been provided for this purpose, but the displacement was effected without having recourse to them. The patient has done well. Dr. W. stated that the case was interesting, as being the first case of amputation at the shoulder-joint that had ever occurred at the Massachusetts General Hospital. The patient, whose case was reported to the Society in January, when the limb had been removed at the shoulder-joint for malignant disease, was now perfectly recovered, and had resumed his occupations.

July 14.—Traumatic Injuries of the Iris.—Dr. WILLIAMS reported two cases where considerable violence done to the iris had been followed by a very trifling amount of inflammation.

The first was a case where an operation for artificial pupil had been performed upon the right eye of a farmer aged sixty-one. Inflammation of the eye occurred twenty-seven years since, producing extensive adhesions of the iris to the cornea, and a dense leucoma which covered the lower half of the cornea and the small portion of the pupil which remained unadherent. The other eye was lost last March. In performing the operation, a portion of iris was drawn out through a wound of the cornea, and a sufficient portion excised to form a pupil of rather more than the average size, towards the outer canthus. This was accomplished with some difficulty, the manœuvres being impeded by the extensive adhesions. Yet no inflammation followed. The patient might have gone out the next day, except that prudence forbade his doing so, and he actually did go out on the fifth day after the operation, seeing well enough to guide himself. His sight continued to improve, and he returned home to the country on the twelfth day.

The second case was that of a young man of twenty who was wounded by an explosion of a bottle of "mineral water." The fragment of glass divided the cornea horizontally in its whole extent, at the level of the lower edge of the pupil, and the wound extended so far into the sclerotica as to make its whole length half an inch. The iris protruded through the whole of this long wound, the pupil being deformed, and the entire substance of the iris put upon the stretch. This long hernia of the iris was greatly distended by aqueous humour accumulated behind it, and, it being impossible to effect its reduction, it was punctured with a cataract needle. The aqueous humour escaped in a jet, to the distance of three feet, and the tumour instantly collapsed. It became, however, re-distended on subsequent days, and the puncture was repeated four or five times. This proving ineffectual, a portion of iris was excised at the centre of the ridge, and from this time it remained collapsed until union of the edges of the wound was accomplished, the iris forming a portion of the cicatrix. No increase of the ocular vascularity followed these operations; but, on the contrary, the patient was relieved from the sensations of pain and tension he had before experienced. He promptly recovered, and a fortnight after the accident, there was no appearance of commencing traumatic cataract, but vision continued good. The glass must have struck obliquely, and glanced off, without penetrating the globe.

July 14.—Syphilitic Ulcer on Glans Penis, and Syphilitic Tubercular Eruption on Skin, fifteen years after exposure.—Dr. DURKEE exhibited a patient, a married man, who consulted him about the first of May last, on account of an ulcer on the glans penis. At that time the ulcer encircled the orifice of the urethra, and was about the size of half a dime. Three weeks before calling upon Dr. D., the patient discovered a small pimple close to the lower edge or border of the orifice, and made known his trouble to one of his neighbours, who attempted to cure it by applying a decoction of various roots and herbs,

and an ointment of resin and hog's lard, &c. The pimple soon became an ulcer, and the inguinal glands on both sides became swollen. Patient states that fifteen years ago he contracted gonorrhoea, which yielded to treatment in a few weeks; that he never had been exposed except at the time above mentioned; and that he never had chancres externally. Although the ulcer was of a suspicious character, yet it was difficult to judge how much its appearance might have been modified by the applications which had been resorted to. Patient was put upon the use of iodide of potass in syrup of sarsaparilla, fifteen grains daily, for two weeks, and then increased the quantity to twenty-two grains daily for three weeks longer. It was then discontinued in consequence of a minute papular eruption with slight erythema, which it had brought out upon the face, chest, &c. This eruption faded away in a few days, and was followed by genuine syphilitic tubercles sparsely disseminated upon the face, head, back of the neck, and other parts, where they have remained with characteristic persistence, and without manifesting any disposition to ulcerate, up to the present time. Upon laying aside the iodide of potass, patient was put upon the internal use of dilute nitric acid, and lastly upon mercurials. Topical remedies, black wash, aromatic wine, nitric acid two drops to the ounce of water, cold water dressing, saturated tincture of iodine, saturated solution nitrate of silver, &c.

Patient was a sort of country trader, and was engaged in various speculations which he did not choose to entrust to any one else; it was impossible to prevail upon him to keep quiet for any length of time, and the desired effects of the remedies were thus in a great measure defeated. On two or three occasions, he took board in the city for six or eight days, during which time some amendment would take place. He would take courage from this, and insist that he was well enough to go home. Complained somewhat of Boston charges, and said that he would take the responsibility of the case upon himself; and that, if it did not go "on to his mind," he would take the blame. In this way the case progressed from bad to worse. The ulcer spread over a large portion of the glans penis, which became a good deal swollen, and the use of the bougie was required. The cervical glands became enlarged, fauces inflamed, deglutition painful, nocturnal pains in lower extremities, and the patient had but little sleep. He at length got thoroughly frightened, relinquished business, came to the city under the apprehension that his disease was of a malignant character, and that he would lose a portion of the penis if he did not get help soon. He now expressed a willingness to remain in the city, without regard to expense, as long as might be necessary. During the last few days, a favourable change has again taken place. His case excited particular interest from the fact that so long a time had elapsed since the virus was imbibed into the system.

June 23.*—*Psoriasis Guttata Syphilitica*.—Dr. DURKEE reported the case and exhibited the patient to the Society.—The above eruption appeared first upon the head, about three months ago; (patient was shown at the meeting in evening of June 23d, 1851;) other parts were affected with it in the following order, viz: the face; the upper portion of the chest and back; the nates; the palmar surfaces of the hands and the plantar surfaces of the feet. Dr. D. believed its appearance sufficiently declared its syphilitic nature; and in this opinion the other medical gentlemen present concurred. The fauces were inflamed, and several superficial ulcerations existed about the mouth. The patient stoutly denied having ever had any of the primary symptoms of syphilis. Dr. Durkee mentioned having seen, a few years since, in consultation with Dr. Coale, a young married woman, whose skin was covered with an eruption precisely like that of the patient who was before the Society; she stated, that to her knowledge, she had never been troubled with chancres, or any other venereal symptoms, and her statement was made with apparently the greatest sincerity. Dr. D. has often heard similar declarations, especially from females whom he has attended for psoriasis syphilitica; he was quite aware that it is contrary to all medical authorities to suppose that the secondary syphilitic developments can be manifested without having been preceded by the primary disease, and he would ask if a female might not have a chancre and yet not be conscious of any trouble in the part thus affected? or, can it be possible for any of the secondary affections of the venereal disease to exist independently of chancre as the cause?

Dr. PARKMAN referred to Ricord's statements as positive against the latter supposition, and suggested that the patients referred to by Dr. Durkee, may have been sufferers from the disease without having noticed its symptoms.

Dr. ABBOT mentioned the case of a woman who had applied to him for the treatment of an eruption which she supposed to be syphilitic, but she had never remarked any primary symptoms.

July 14.—*Paracentesis Thoracis*.—Dr. BOWDITCH reported the following cases of paracentesis thoracis, performed by means of the exploring trocar and suction apparatus, described by him at a previous meeting, and first used in this country by Dr. MORRILL WYMAN of Cambridge.

The first was that of a man accustomed to hard labour in a machine shop, being required to raise a heavy lever, the end of which he rested upon his left breast. Three months ago, he noticed a soreness of this part, which had gradually augmented, attended with dyspnoea and debility, till he entered the Massachusetts General Hospital. At that period, his accesses of dyspnoea, at night, particularly, were urgent; and all the time he had laboured breathing.

* This paper, intended for publication in October last, was omitted by mistake. This accounts for its date being out of the proper order.

The physical signs of extensive effusion into the left pleura were quite evident, with flatness over front and back, except at apex; change of position caused a slight but perceptible change of sounds; respiratory murmur almost null; ægophony; prominence of the left chest, and dislocation of the heart to the right side of the sternum. July 15th, Oj of a bloody fluid was removed, with scarcely any pain, and with a great sense of relief to the soreness and distension of the chest, and the heart fell about two inches towards its usual position. The next day, patient felt better than at any time since his entrance, and he did not have again, while in the hospital, any severe accesses of dyspnoea. He was punctured subsequently twice, and, finally, an external opening was formed by suppuration through the skin. Patient was growing weaker and left the hospital. The case was an interesting one to Dr. B., *first*, because of the unusual character of the fluid evacuated, it being so nearly like blood in its aspect, that he had, at first, desisted from drawing it off, fearing that possibly some organ had been punctured, although the physical signs were wholly opposed to that idea; *secondly*, because of the great relief to the dyspnoea and to the abnormal position of the heart. One of the punctures caused some pain; the others occasioned but little.

Dr. B. reported a second case, which was that of a little girl, about six years of age, the history of whose symptoms could not be exactly ascertained. She was under the care of Dr. Buckingham at the almshouse, and was evidently approaching her end, when first seen. The usual signs of great effusion were found in the left thorax. Three distinct punctures were made, in about as many minutes, with the small trocar, and, on each occasion, a small drop of watery fluid escaped, but by no power of suction could any large amount of it be procured. The patient suffered scarcely at all, and subsequently to the operation, she seemed to the attendants rather easier than before. She died, as was anticipated, the next day.

A third case was given as follows: A. M., spinster, æt. 25, a thin, pale woman, had been troubled slightly with cough for a year or more, but was never long confined to bed by it. Two weeks before she was seen by Dr. B., she had had severe pain in the left side of the thorax, with sense of distension of that side, and inability to lie on the right side. Meanwhile, for a week, her cough had almost wholly left her. Her appetite was gone, and she had a slight diarrhoea, and some hectic paroxysms. Her pulse was 104; and the heart was pushed to the right of the sternum. There was flatness of the whole of the left chest; the respiration was very obscure in the lower half of the left back, strongly tubular in upper half; there was crackling, of a coarse, moist kind, at the top of the right lung. The diagnosis was chronic phthisis with serious lesion of the left lung, combined with acute pleuritic effusion of two weeks' duration.

As the patient was too feeble to sit up, even for a short interval, she was raised by an assistant and the trocar introduced just below the angle of the

scapula, between the eighth and ninth rib. *Forty-one ounces* of a clear, yellow, serous-like fluid were drawn off with instantaneous comfort to the patient. The left breast became somewhat resonant, and the heart fell back towards its normal position, at least one and a-half inches. The pulse was at 100 before and after the operation. A cough commenced during the operation, and became quite troublesome.

The report, the next day, was that she had passed a delicious night, wholly free from pain and sense of fullness. From that period, the patient rapidly mended. The pulse fell, within twenty-four hours, to 80; the appetite returned; the dejections were regular. The respiratory murmur was heard, within the same time, much more distinctly, at the bottom of the chest. A fine crepitation, as from the expanding of previously compressed lung, was heard in the left breast, and the *upper* part of the back was duller than the lower. The symptoms steadily improved, and on the seventh day, the patient sat up three hours, and all signs of effusion had wholly disappeared. This improvement has been progressive. The crackling, coarse and distinct, at the apex of the right lung, has diminished, and the tubular respiration at the left summit, though still very marked, is, perhaps, less extensive. In other words, the physical signs of phthisis have lessened, and the patient has been to visit her relations in a neighbouring State.

Dr. B. regarded this case as a deeply interesting one, from the entire success resulting from the puncture in relieving the acute effusion, whereas if no puncture had been made, the patient, who had been gradually growing more sick, would probably have died. The fact, too, that the physical signs of phthisis have been somewhat lessened by the operation, is quite important. It proves, as far as one case can prove it, that the coexistence of phthisis with pleurisy, so far from militating against the operation, makes it more necessary for the welfare of the patient that paracentesis should be performed.

July 14.—Peculiarity in a Case of Vaccination.—Dr. HAYWARD, Jr., reported the case of an infant, from three to four weeks old, in whom, on the fourth day after vaccination, the appearances were favourable; on the tenth day, however, there was no indication that the disease had taken; the child was re-vaccinated without effect, but, on the second day after the *second* vaccination, the *first* began to take effect and went through its proper course. The scab came off on the twenty-third day.

July 14.—Variola after Vaccination and Varioloid.—Dr. CLARK referred to the case of a lady who *was reported* to have "died of confluent variola, after having been previously vaccinated, and after having also passed through at least one attack of varioloid;" and expressed his doubts, supposing the other facts to be as stated, as to her ever having been well vaccinated.

It seemed to him also *very unusual* that variola should *follow* rather than *precede* varioloid.

He is of opinion that vaccination, at any period of life, *if repeated*, at intervals of not less than twenty-one days, *until it ceases to produce any local effect*, will protect the individual, forever after, not only against variola, but against varioloid even in its mildest forms.

The number of operations required for this purpose *will not usually exceed two*.

Dr. COALE had known several cases of *secondary* small-pox; in every case the disease was severe. In two of these patients the pitting was very marked from the second attack.

Dr. MINOT mentioned the case of a girl who had been vaccinated, who afterwards had variola under Dr. GRAY's care, and finally died from an attack of varioloid.

July 27.—Fracture or Dislocation of the Coccyx during Labour. Dr. COALE.—In the second labour of a married woman, *set. 23*, who had been confined four years previously, the process was hindered by the curving up of the os coccyx. After waiting without any advance for three hours, the forceps were used. Ten days afterwards the patient was unable to leave her bed, and complained of severe pain at the end of the sacrum. On examination, the end of the coccyx was found very movable, with crepitus.

Dr. BIGELOW, Senior, had seen some cases of an affection of this bone, accompanied by pain, etc., especially in riding, where it could not be attributable to violence.

August 25.—Ascites.—Dr. STORER mentioned a case of ascites occurring suddenly and increasing with great rapidity, now under his care at the Massachusetts General Hospital. The patient, a female, twenty-seven years of age, who had been previously perfectly well, left London, nine weeks since, for this country. A few days after going on board ship, she suffered from severe pain, affecting the whole of the right side, which was increased by the slightest effort, and was accompanied by cough. The pain continued for five days only, the cough was not removed for several weeks. Two or three days after the cessation of the pain, the patient discovered, for the first time, a distension of her abdomen: this gradually increased for three weeks, then became stationary, and has thus continued ever since. At the present time, her whole abdomen is exceedingly distended, rendering the walls very tense, and pushing the diaphragm high into the chest. Across the umbilicus she measures forty-four and a-half inches; across the epigastrium, thirty-five inches. With the swelling of the abdomen, her lower extremities became anasarvous throughout. Upon examination of the chest, there is dulness of percussion over both backs, especially the right, where there is absence of respiratory resonance of voice, and egophony. No appreciable derangement of the heart, liver, or kidneys. The patient states that she has menstruated but once during the last three

years; and that was about six months since. For the last two years previous to her leaving England, she was employed in a lead factory, and although she never suffered from any of the affections usually produced by the absorption of lead, the blue line, characteristic of its presence, is perfectly apparent upon her gums.

Oct. 27.—From the time of patient's admission until September 21st, she was bandaged and active cathartics and diuretics were administered; at this period, although she was gradually diminishing in size, she was growing more feeble; all active measures were stopped and a generous diet prescribed. She now measures thirty-four inches across abdomen, on a level with the umbilicus, and thirty-six inches across the epigastrium; having gained ten inches in the largest circumference.

She has "house diet," and is very comfortable. The catamenia have not yet returned.

Dr. S. asked whether this ascites might not depend on some affection of the liver, not discovered?

Dr. CHANNING referred to certain cases reported by Dr. CHAPMAN, where abdominal swelling and œdema of the limbs occurred in healthy persons, from merely falling, by sudden accident, into water. Dr. C. thinks he remembers, also, similar cases, reported by English writers: the hardships, privation, and exposure to which immigrants are liable, might have like effects.

August 25.—*Resolution of Tubercle under the use of Cod-Liver Oil.*—Dr. C. E. WARE reported the following case:—August 29th, 1850, he was called to see the patient for the first time. She was a woman thirty-four years of age. Two years previously she had had slight hæmoptysis. Through the spring and summer she had been losing strength and flesh. In June she was again attacked with hæmoptysis, small in quantity, and from that time her expectoration had been tinged, more or less, with blood, almost every day. She had also been much annoyed by dryness of the mouth and fauces. Her menses had been perfectly regular. Her bowels had been somewhat loose, four or five dejections a day. At this time, the cough was moderate. The expectoration not very copious, viscid, semitransparent, generally brownish mucus, which she said was red when first raised. She complained of pain in the upper part of the chest in front, in her left side, and in her legs. She was up, and about, but fatigued by slight exertion. Pulse 116, regular. She presented no physical signs of tubercles. The respiratory sound was rather faint over both backs, but equal, vesicular, and without râles. The resonance on percussion was normal.

In her family there was no tubercular tendency. She was of a nervous temperament, and of a tall and slender person.

September 3d, she commenced taking cod-liver oil. There was some intolerance at first; but persevering with smaller doses for awhile, she was soon

able to retain, without difficulty or discomfort, half an ounce three times a day. This was her limit; and at this dose, she continued without variation. Most of the time she took it in tincture of bark. She took various cough mixtures at different times; but depended principally upon McMunn's elixir of opium to secure exemption from cough during the night.

She continued without any marked change in her symptoms, excepting that she was regularly losing strength and flesh, till December 13th, when Dr. W. discovered deficiency of respiratory sound under both clavicles, and a bronchial expiration under the right. There was no marked difference on percussion under the two clavicles. She had been able to keep up, and occasionally to walk out in the yard, till this time, when she lost all inclination to move, and by the last of December was confined entirely to her bed. Her exhaustion and dyspnoea were extreme, so as to render the answer of necessary questions very fatiguing to her. Her emaciation was great. Appetite gone. The catamenia were regular up to the middle of January 1851, when she had them for the last time. About the last of January there began to be some mitigation of her symptoms. Through February and March, an improvement was very obvious. By the middle of April, her pulse had come down to 96. The bowels were perfectly regular; strength and appetite were greatly improved; the cough was very slight; she talked easily, without apparent dyspnoea. But through the two previous months, while she had been constantly and regularly improving in her general health, a depression of spirits, and distrust of the reality of her amendment had been gradually affecting her. Previous to this, while as constantly losing as she was now gaining, she had been very cheerful, and resigned to what appeared to be her inevitable fate. She complained now of uncomfortable sensations in the head, affecting her whole body and making her feel as if she should lose her reason. Although she had so far recovered her strength that she was able to go about the house, sit up all day, and even walk out in the yard, yet she was disinclined to move. Through April and May she did not gain so much in strength as she had done in February and March. By June, however, she was able to walk out, and take quite long rides. She had little if any cough, and a good appetite. Her pulse was at its natural standard. She occasionally expectorated a thin transparent mucus, now and then with a speck of blood in it. She spoke with perfect ease, in her natural tone. Under her clavicles the resonance on percussion was perfectly good, and the respiratory sound natural. She had taken her oil regularly up to this time, with the exception of a few days, at long intervals, when it would become loathsome to her, and she would omit it.

Her dejection, however, was increasing. She began to be wilful, and irritable in her temper—was unwilling to eat, and to leave her bed. About the first of July she began to retain her water. It was healthy when passed, and there was no irritation, tenderness, or indication of trouble about the

bladder or its appendages. It became necessary to draw it off, to which she submitted with great reluctance at first, and finally absolutely refused. She at length became so unmanageable that it was thought advisable to send her to an insane asylum, to which place she was removed July 26th. At this time, there was no indication of other trouble about the bladder than retention. She was able, without inconvenience, to go to the court house, and afterwards to ride out of town.

She returned to her home July 30th, prostrated to the last degree, with all the symptoms of acute inflammation of the bladder. Scanty urine, bloody and purulent; exquisite pain, and tenderness about the neighbourhood of the bladder; pulse so feeble and frequent as to be uncountable; a cool damp skin. She died August 3d, 1851.

At the *autopsy*, there was found universal adhesion of the right lung, old and firm; adhesion of the upper half of the upper lobe of the left lung. In the upper and middle lobes of the right lung there were numerous cretaceous masses, some of them quite large, with the substance of the lung contracted and hard about them. No crude tubercles, or cavities. In the upper lobe of the left lung, there were similar cretaceous masses. Excepting for these appearances, the lungs were perfectly healthy.

The bladder was found greatly contracted, and thickened in its parietes. The mucous membrane was in all parts intensely red, thickened, and coated with tenacious mucus and lymph. There was no peritonitis. All the other organs examined were healthy.

This case is interesting from the patient's dying of another disease, and enabling the fact of her having had tubercular disease to be established by a *post-mortem* examination. The circumstance of her taking cod-liver oil may be a mere coincidence. There can be no doubt that patients do occasionally recover from unequivocal tubercular disease under other treatment. But it is an extremely rare thing for a person reduced by tubercular disease to the condition in which this person was, to so far recover. Dr. W. has never met with an instance where there was not a doubt as to the character of the disease. This would have been an unsatisfactory case had the patient survived. The more gross physical signs, such as those which indicate a cavity, were never present. Although from the extent of one of the cretaceous masses in the upper lobe of the right lung, and the contracted appearance of the lung in immediate contact, it is very probable that there had been a cavity there. Supposing that the oil had any influence in this woman's convalescence, it is an interesting fact, and of much practical importance, that she perseveringly continued the use of it for four months, all the time failing, before she began to experience any benefit. It may be that in cases where it fails of efficacy, it has been too early abandoned.

Three other young women, who were under treatment at the same time, whose history and symptoms hardly leave a doubt as to the existence of tuber-

cles, who have taken the oil nearly as long and in the same manner, have presented almost as striking improvement, although they have at no time appeared so far reduced as this patient was. In other cases it has appeared to have little efficacy beyond a temporary mitigation of certain symptoms.

September 8.—Fracture of the neck of the Thigh-Bone, within the Capsular Ligament.—Dr. PARKMAN exhibited the specimen, from an insane woman, aged sixty-four, who died nine weeks after the accident. The points of interest were certain bands of lymph proceeding from the internal surface of the capsule to the broken surface of the upper portion or head of the bone, which Dr. P. considered might explain the means by which the part in these cases may acquire, as it often does, a degree of firmness and consequent usefulness, although no bony union takes place.

September 8.—Effect of Atmospheric Electricity upon a Rheumatic Cripple.—Dr. HAYWARD, Jr. related the following, which was told to him by a reliable individual who was present at the occurrence. A person at Sharon Springs, a cripple from rheumatism, recovered the use of his limbs, and rose from his bed, walking with ease, during a period of three hours after the house in which he lodged had been struck by lightning; a strong sulphurous odour was occasioned by the evolved electricity.

The helplessness of the limbs returned, however, as before.

September 22.—Prolonged Secretion of Milk.—Dr. KNEELAND reported the following case:—A lady, *setat.* thirty-five, had her first and only child five years since; her husband died when this child was three weeks old, and she has not been again married. She nursed her child for two years, during which period, the flow of milk was so profuse that if she were absent two or three hours from her child, her dress would be completely wet; to use her own expression, "the milk would run down into her shoes." Her child died at the age of two years, of chronic hydrocephalus; since then, up to the present time, a period of three years, there has been a constant secretion of milk in her breasts, and so free as often to wet her dress quite through; during the last week she was able to express, by gentle pressure, a perfect stream of milk. She has been, and still is, regular in her menstrual periods, and also enjoys perfect health.

Dr. Kneeland remarked that it is well known that, as a general rule, the secretion of milk is confined to females (human and animal), who have young to be suckled; also, that this secretion occurs in virgins, and, occasionally, even in males; but these latter cases are rare and not easily explained, in the present state of physiology. The above case reminds us of the phenomenon of the lactal secretion in our domestic animals, in whom it is perpetual: thus, the milking of cows is continued through the whole period from the time of their bearing young to that of cessation from breeding; this secretion

in *wild* cattle, as in animals generally, and in the human female, is continued only during the suckling of the young. There is this difference, however, that in the domestic animals, repeated impregnation is necessary to secure a continuance of the secretion, while in the case above given, there was only *one* impregnation, and that five years ago.

Dr. K. added that what we see produced in the domestic animals, viz: a temporary function of the animal economy rendered permanent by an artificial habit for many generations, we have, in the above case (and very likely such are not uncommon), produced suddenly and without any apparent cause. Whether it depend on the habit of lactation, for two years, having so modified the lactiferous vessels that their secretion is permanently changed, whether it arise from merely nervous causes, or be caused by any uterine sympathy (of which there is no evidence), it is difficult to say.

The patient is not of a nervous disposition; she is very remarkably fond of children, almost to extravagance; this may be one of many elements to be considered in the explanation of the case.

Recent microscopical researches have shown that in all forms of true secretion, the active agents are *cells*, which have the power of selecting from the blood the requisite materials; these cells, developed in the interior of the organ, become distended, burst or liquefy, and yield their contents to the excretory ducts. In the mammary gland, according to Mr. Goodsir, as in other glandular structures, the inner surface of the ultimate milk-follicles is covered by a layer of epithelium cells, the real agents in the secreting process; as fast as one set of cells discharge their contents and die, there is a new production of secondary cells, from the germinal spots or nuclei at the extremity of the follicles. The principal characteristic constituent of milk is *casein*, a highly *nitrogenized* principle, like albumen, of which it is a slightly altered form, and Dr. Golding Bird has recently obtained evidence that this alteration commences in the blood, and goes on during pregnancy, as a preparation for lactation: the evidence is the presence of *kyesteine* (which is nearly related to *caseine*) in the urine during pregnancy, indicating the conversion of albumen into *casein* in the blood, and preventing its accumulation in this fluid, before it is secreted by the *mammæ*, by this curious substance in the urine. If these results are true, it does not seem so very strange that the secretion of the milk cells should be permanent, under favourable circumstances, which cannot, at present, be specified, any more than that the secretion of urine or of bile, once commenced, should be permanent. The secretion of milk, abnormally continuous in the above case, may be only a transfer of the office of freeing the system from *nitrogen*, by the usual source, the *kidneys*, to the unusual one, the *mammæ*, which remove it by *casein* instead of by *urea*, from *idiosyncrasy*, the former being permanently formed in the blood of this person.

The following remarks, relative to the above subject, occurred after its report:—

Dr. CHANNING mentioned two cases of prolonged lactation; in the first the milk continued to be secreted for eight years; in the second, for four years; he remarked that the spayed cow will secrete milk, continuously for several years. The cow, at length, grows very fat, and the milk ceases.

Dr. ABBOTT asked if the *urine* of the above patient were diminished in quantity?

Dr. KNEELAND was not aware of any diminution.

Dr. COALE deemed an analysis of the urine, in such a case, desirable and important.

Dr. STORER asked if hydrocephalus is not often a concomitant of these cases? In Dr. Kneeland's case, the child died of it.

Dr. CHANNING said it did not exist in the two instances reported by him. He alluded to the belief (whether *professional* or merely *popular* he was uncertain) in England, that certain cerebral troubles arise from prolonged lactation.

Dr. COALE mentioned an instance of a child being nursed for three years; this occurred in his own practice; the child was healthy; he knew of another case where a child of five years was in the habit of nursing.

[Dr. CHANNING has since stated to the Secretary that one of the cases given, as above, by him (that of lactation being continued for eight years) was also mentioned at the last annual meeting of the Medical Society of Rhode Island, at which he was present, with his friend, Dr. A. L. Peirson, of Salem. It was stated during a discussion which arose after the delivery of the annual discourse, the subject of which was the *re-establishment of lactation after its cessation for weeks and even months, in consequence of febrile and inflammatory diseases of the puerperal state*; such as puerperal peritonitis, nursing sore mouth, phlegmasia alba dolens, &c. The discourse was exceedingly interesting, and the discussion which followed presented many important facts.]

September 22.—Paracentesis Thoracis in a case of Acute Pleurisy.—Reported by Dr. WILLIAMS.—The patient, a married woman, æt. thirty-one, called on Dr. W. on 27th August, complaining of some difficulty in breathing, cough, and pains in right side. Her appetite was good, the tongue nearly clean, and the dyspnœa not greater than might accompany her situation, she being six months advanced in pregnancy. Ordered rest, demulcent drinks, and sinapism to right side. On the 3d of September Dr. W. was sent for to see her, and found much dyspnœa, inability to lie on left side, and pain on making a full inspiration. Pulse 108; cough troublesome. Patient had been unable to sleep the previous night, and could not assume the horizontal position on account of the increased dyspnœa which results.

Puerile respiration in left lung. Dulness on percussion, with absence of respiration and ægophony on right side, as high as an inch above the nipple. The level of dulness changes with position of patient. In consultation with Dr. Bowditch, the operation of paracentesis was decided on, and, the chest

having been punctured by an exploring trocar, about an inch below the angle of the scapula, twelve ounces of serum were drawn out through the canula, by means of a stomach-pump. Not a particle of air was admitted, and it was not necessary to cover the slight punctured wound with any protecting plaster. The dyspnœa was relieved, and the pulse increased in strength immediately after the operation. Instead of being threatened with suffocation if she took the recumbent position, she was able to lie even upon the left side and enjoy refreshing sleep.

A blister was ordered to be applied to the affected side. All the symptoms improved from the moment of the operation. A second effusion took place, but not sufficient to cause dyspnœa, and under the use of the iodide of potassium, with counter-irritation to the side, she rapidly recovered; and, on the 20th September, seventeen days after the evacuation of serum from the pleural cavity, she was able to sit up all day, and attend to most of her household duties.

September 22.—Sequence or partial concomitance of Typhoid and Scarlet Fever symptoms.—Dr. CABOT related the case of a young man of sixteen years, who had been ill for four days with the usual symptoms (or certain of them) of typhoid fever; there had been epistaxis before Dr. C. saw the patient, and it recurred several times afterwards. On the sixth day after the attack, the patient became covered with the eruption of scarlatina; there was great debility; after the eruption disappeared, the typhoid symptoms continued; rose-spots were observed as the scarlet eruption left: there was desquamation of the cuticle, as in scarlatina. During convalescence, the patient committed an imprudence by eating largely of meat, cabbage, etc.; a relapse occurred, from which he is now recovering.

To questions from Drs. Bigelow and Bethune, as to the presence of delirium or meteorism, in the above case, Dr. C. replied that there was slight mental disturbance.

Dr. BIGELOW alluded to the following of one disease upon another, as scarlatina upon measles, and *vice versâ*; they are never, properly speaking, *coexistent*. Erysipelas he had known to follow scarlatina in one or two instances.

The sequelæ of scarlatina, it is well known, may simulate distinct diseases. Dr. B. remarked the occurrence of *skin affections* in close conjunction with scarlatina. He particularly mentioned an eruption resembling *roseola*.

October 13.—Ichthyosis Cornea.—Dr. DURKEE related a case of this rare cutaneous affection. The patient is a merchant, thirty-two years of age, and in perfect health. The malformation is congenital and inherited from the father. The right side of the trunk and the corresponding limbs are implicated. The integument of the face, neck, palm of the hand, and sole of the foot, is not involved; nor has the disease (if it may be so termed), ever appeared, in the least degree, upon the left portion of the body or its correspond-

ing members. The morbid growth is most abundant and perfect in the axilla. Here it shows itself in the form of numerous well-defined *spines*, each about the size of a kernel of wheat; of a dark-brown colour, and lying flatwise upon the skin. When the arm is raised upward and outward, the spines or prickles project out at nearly a right angle with the subjacent skin; they are very adherent, and cannot be torn from their attachment without producing considerable pain. These prolongations have been compared by some dermatologists to the short quills of the porcupine; and persons troubled with them have been called *porcupine men*. Around the elbow joint is a broad patch of similar growth to that just mentioned, although the spines are shorter than those in the axillary space, on account of the constant friction to which they are exposed. The same is true in regard to various other spots. The appearance of some of the patches is intermediate between *ichthyosis simplex* and *ichthyosis cornea*. The dorsal surface of the thumb and fingers, with the exception of the middle one, is thickly covered with the excrescence, and the patient is obliged to cut it off as well as he can every five or six days with a pair of scissors. The spaces between the fingers are also the seat of this singular annoyance. Some portions of integument upon which the abnormal development exists, are much more affected than others. There are large patches which consist merely in a slight thickening and induration of cuticle of a gray colour, and dotted over with small warty deposits, which are very hard and dry, and elevated slightly above the surrounding integument.

The right side of the penis, including the glans and the cuticular and mucous surfaces of the prepuce, is also covered with the abnormal product, so that the organ is almost as rough as a nutmeg grater, especially when in a state of erection, according to the patient's own account. The seasons of the year produce little or no change in the condition of the affected skin. It is always in an unperspirable state wherever the disease exists; but from the healthy portion of skin the patient thinks the amount of perspiration is above the usual standard, as if the law of compensation was called into action. Patient was married three years ago. For the last fifteen or eighteen months his wife has suffered exceedingly from vaginal inflammation, caused, without doubt, by the peculiar epidermic condition of the virile organ. The lady is confined to her chamber much of the time, and is wholly unconscious that her partner in life is, in any respect, different from other men. The parties have not indulged in sexual intercourse for about a year.

Dr. D. regretted that instead of exhibiting the patient to the Society, he must show some plates which were a transcript of those of Alibert, and which gave but a very imperfect representation of the case.

It is said that this variety of ichthyosis was never known to appear on the skin of the female. It is produced by hypertrophy of the papillæ; and the only method of cure must be to destroy the papillæ. The patient is extremely anxious to have the integument of the penis freed permanently from its preternatural covering, and is willing to submit to any experiments that hold out

the slightest promise of ultimate success. Dr. D. had made some unsuccessful attempts with different caustics upon small patches on the arm. He would make still further trials, and, if successful, would try afterwards upon the penis, and report the result to the Society.

Dr. CABOT suggested the use of arsenic as a local application in this case. The arseniate of iron is often used, empirically, as a depilatory, and might be effectual for the destruction of the hypertrophied papillæ.

October 13.—Recurring Salivation.—Dr. STORER, while going round his wards at the hospital, perceiving a strong *mercurial odour*, inquired who was salivated; he found that an Irish woman, just entered, and never previously seen by him, was thus affected; she came into the hospital with phthisical symptoms. Two years previously she had been salivated by a quack, since which the affection returns upon her with every ailment, the teeth becoming loose, &c.

Dr. STRONG mentioned a similar case; the interval from the administration of the medicine having been a longer one.

October 13.—Urine containing Oil in large quantity.—Dr. BOWDITCH showed the urine of a patient at the Marine Hospital, Chelsea; its colour was that of a mixture of molasses and water; oily particles were seen floating in it. The patient had been suffering for months with an obscure abdominal disorder, although the diagnosis was never satisfactorily made out, owing, perhaps, in part, to the great dullness of intellect of the patient. This existed in so marked a degree that the attending physician found it impossible to get any definite answers from him. One symptom of a curious nature was noticed—the urine so nearly resembled, in colour and quality, molasses and water, that it was supposed the patient had mixed molasses with the excretion. This colour, however, was noticed daily, until death. Oil-globules of considerable size were likewise found on the surface of the liquid after it had been standing. On *post-mortem* examination, carcinoma of the liver and of a large portion of the pancreas was discovered; the kidneys were entirely healthy; urine taken from the bladder at the autopsy did not appear unnatural, but the microscope showed it to be full of oil-globules.

Dr. Bowditch asked whether, as oil found in the feces is a sign of diseased pancreas, the same substance detected by the microscope in the urine may not become another means of recognizing this obscure disease? Further observations, he remarked, were, of course, necessary.

Dr. BOWDITCH also reported the following case:—

Troublesome Prurigo following Bronchitis in the Pregnant Female.—A severe bronchitis, partially relieved by syrups, &c., seemed far more relieved by a *pruriginous eruption*, which, however, proved very annoying. Having tried many remedies himself, and those suggested by medical gentlemen more learned in skin diseases, and being still unable to relieve the distressing itching,

Dr. B. directed his patient to *scratch, ad libitum*: This last remedy was almost entirely successful when used in conjunction with one that had been wholly inefficacious previously, viz: an alkaline wash. The patient scratched, whenever itching occurred, until the cuticle was torn off in minute dots; then the wash was applied, which caused much smarting, with entire cessation of the itching. This patient's mother suffered in the same way during the last month of some of her pregnancies, and could not obtain relief until after confinement.

October 13.—*Cholera Maligna*.—Dr. CLARK reported the following cases of *cholera*, as all which had come under his personal notice during the past season.

August 18.—CASE I. C. D., female, unmarried, forty-five years of age, had disturbance of bowels for some days; distinct symptoms of cholera for twenty-four hours before death.

August 23.—CASE II. M. B., shipping-master, forty-six years of age, married and temperate. After a very busy day, during which he drank large quantities of water and molasses, and after a hearty supper of corned-beef, he was attacked at 1 A. M. with cramps, a watery diarrhoea, and retching. The skin was blue, corrugated, cold, and wet, especially about the hands and feet. The urine was suppressed; no pulse at wrist. A stimulant emetic was prescribed, to be followed by enemata of warm water and salt, and the patient allowed to drink freely of soda-water and of rice-water well salted; dry warmth to the whole body, and frictions to the limbs.

The next morning he was much relieved, and, in the course of two days, quite recovered.

September 22.—CASE III. Timothy Driscoll, thirty-eight years of age, labourer. Habits, uncertain; married. Was attacked, without any previous ill-health, and died in forty-eight hours, with all the symptoms of cholera.

September 24.—CASE IV. Ellen Driscoll, thirty years of age, wife of above, same symptoms, and died night of 26th.

September 25.—CASE V. Edward Hunt, thirty-one years of age, labourer. Not in previous good health, but at his work until date. Died on the 28th, with characteristic symptoms.

The last three cases occurred in subjects belonging to the lowest class of life, surrounded by local conditions of the most favourable character for the development of disease of this nature; viz: crowded and badly-ventilated rooms, undrained and filthy yards and cellars.

September 26.—CASE VI. J. T., Jr., twenty-five years of age, carpenter. Temperate. Fatal in fifty hours from the apparent commencement of the attack. He lived in a very healthy part of the town, but had been at work, for some days, in a cellar in the neighbourhood where the last case originated.

October 11.—CASE VII. Thomas Flynn, twenty-four years of age, la-

bourer. Temperate. Two days ago, was taken with violent cramps while at work in the hold of a steamship at India wharf, in the afternoon, after drinking excessively of small beer and iced-water. At 10 P. M. he had all the signs of cholera—viz: loss of pulse and voice; coldness and corrugation, and the leaden-coloured skin. Confesses to but two or three loose dejections during the day or evening. With Dr. Green's concurrence (whose patient he was), he was directed to have the saline mixture of Dr. Stevens, in such doses that he got about ten grains of the chlorate of potass every half hour until reaction should be established. In addition, the usual external applications.

At 8 A. M. he had partially recovered his pulse and warmth, and had also passed an ounce or two of urine, the first for eighteen hours.

The chlorate was suspended until 3 P. M., when, the patient becoming again partially collapsed, it was resumed.

At 8 A. M. of the second day he had rallied effectually, and the saline mixture was discontinued, and the patient ordered a light tonic mixture.

At 3 P. M. a plentiful *typhus* eruption had appeared upon the body and limbs. Patient otherwise in a fair way of recovery, having a good pulse and free secretion of urine.

Dr. CLARK noticed particularly, in alluding to the above cases, the noxious influence of filth allowed to remain near dwellings, and especially animadverted upon the state in which *disused vaults* are left.

Dr. COALE also testified to the malarious influence of such vaults. He had seen, on Saturday last, one of these, where, by the pressure of the soil around it, a mass of filth is pushed up and exposed; a store is extended over this vault, and the consequent nuisance is very great. Dr. C. had likewise known a valuable well spoiled by the same means.

Dr. CLARK referred to one existing near a furnace, built under a dwelling-house, which made itself rapidly evident on lighting a fire in the furnace.

Dr. C. E. WARE had seen one case of unequivocal cholera in August; the patient was from the south; somewhat depressed by trouble in his business; after a hearty dinner he was attacked by diarrhoea; his illness became choleraic, and collapse, with suppression of urine, finally came on. He, however, rallied and recovered.

October 13th.—Poisoning by Laudanum—Tobacco as an Emetic.—Dr. STRONG related the case of a female who took $\mathfrak{z}\text{j}$ of laudanum with suicidal intent. When Dr. S. saw her, she was pretty thoroughly narcotized; she had already taken grs. xx of ipecacuanha without effect; the skin had assumed a very dark hue; she was nearly insensible to all impressions.

Dr. S. administered grs. lx of sulphate of zinc, in three doses; patient's sense of taste was lost; no emesis occurring from the zinc, mustard was given with some effect; she was now "walked about," which required great effort on the part

of the assistants, the muscular system being so greatly relaxed. Finally, infusion of tobacco, in large quantities, was given to her in coffee; powerful emesis and gradual return of vitality resulted.

Dr. S. had never seen a case so far gone recover; he attributes success to the unremitting action kept up upon the stomach.

Dr. H. G. CLARK referred to the mode of evacuating the stomach in such cases recommended by Dr. Ephraim Buck, of this city. A solution of some alkali is first introduced into the stomach, and this is followed by vinegar; the effervescence is so powerful that all the contents of the viscus are discharged; and, if emetics have been taken ineffectually, they begin to act.

[The Secretary remembers having adopted this method very successfully, eight years since, in the case of a young child seized with very violent and almost continuous convulsions, arising from the ingestion of very indigestible food in large quantity. The usual emetics, in greatly increased doses, having had no effect, and it being impossible to excite vomiting by irritation of the fauces with a feather, which was tried; and equally so to introduce the finger, with a like intent, by reason of its liability to injury from the convulsive closure of the teeth, &c.; a solution of the carbonate of soda was thrown into the stomach (the teeth being kept apart by the introduction of a bit of wood) by means of the stomach-pump, and this was followed directly by nearly as much vinegar; the evacuation of the contents of the viscus was exceedingly *speedy* and very complete. No more convulsions were observed, nor any of the stupor previously noticed intervening between their accesses.]

October 13th.—*Strychnine as a Cumulative Poison.*—Dr. STORER related a case wherein he had given strychnine to a paraplegic hospital patient who had been addicted to masturbation. The medicine had appeared to him to act suddenly and strongly by force of cumulative power. It was first given on the 7th of September last, six drops of a fluid preparation containing grs. vj to ʒj of alcohol. The dose was increased very gradually, as follows:—

September 7th. Gtt. vj.—*9th.* Gtt. viij.—*11th.* Gtt. x.

12th. Medicine omitted; pain in forehead.

22d. Medicine given in pills, gr. one-twenty-fourth.—*25th.* Increase to gr. one-twentieth.—*27th.* Gr. one-sixteenth.—*28th.* Gr. one-twelfth.—*October 2d.* Gr. one-tenth.—*4th.* Gr. one-eighth.—*7th.* Gr. one-sixth.—*8th.* Gr. one-fourth.—*12th.* Gr. one-third.

13th. Very severe convulsions occurred, lasting for ten minutes.

15th. Patient can move the toes of left foot, the one affected, which has not been done since his entrance.

Dr. CHANNING asked if one-third of a grain were not sufficient, *of itself*, to act thus powerfully, without referring to its supposed cumulative power?

Dr. STORER said that one-fourth of a grain is often sufficient to cause equally marked effects, but it did not in the above case, and gr. ss is sometimes given.

Dr. STRONG had seen powerful convulsions follow the administration of one-sixtieth of a grain.

Dr. C. E. WARE had given gr. one-twelfth, for some time, in a certain case; one day, after the usual dose, a very strong effect was produced upon the system. Dr. Ware found that a new supply of the medicine had been obtained, and that the pills were unequally made up. He thought the effect produced in Dr. Storer's case more likely due to sudden, large increase, than to cumulative action.

In reply to Dr. Ware, Dr. STOREY, referring to the tabular account of the doses given, said he could not discover any "sudden, large increase" of the medicine.

Dr. CLARK related the case of a patient eighty years of age, who, for a hemiplegic attack, with threatening of apoplexy, was treated by tincture of nux vomica; dose ten to fifteen drops. By mistake, $\frac{3}{4}$ ss of the tincture was given; very violent convulsions followed, endangering life. Recovering from these, however, the patient's limbs began to get better immediately; he is now nearly ninety, and quite well.

October 27th.—Membranous Croup, treated by the application of Nitrate of Silver to the Trachea.—Dr. J. B. ALLEY reported the case.—The patient was at first under the charge of Dr. SPOONER, of Milton; subsequently, Dr. HOLMES, of Milton, was called in, with whom Dr. Alley saw it in consultation. The patient was a boy five years old; always had been called a croupy child; mother's family much predisposed to croup; tonsils much enlarged. Child first seized on Saturday eve; sibilant râles heard in chest; false membrane first observed in the throat on Sunday evening.

Dr. Alley saw the patient for the first time after the attack, at half-past ten on Monday morning. It was then lying in the nurse's arms, the head thrown back, nostrils much dilated, countenance anxious, breathing very laborious, accompanied with a crowing sound; pulse 140. With the consent of the attending physicians, Dr. A. applied a solution of nitrate of silver, $\frac{3}{4}$ j to $\frac{3}{4}$ j of water, by means of a sponge fastened on the end of a piece of whalebone, passed into the larynx and trachea. On the withdrawal of the sponge, there appeared, adhering to it, shreds of false membrane, and, a moment after, the child threw up a quantity of mucus and phlegm, in which could be distinctly seen the shreds of membrane. For two or three hours the child's breathing seemed to be much relieved, and it coughed loosely. In the course of four hours, the breathing becoming more laborious, and the crowing sound, which had in a measure disappeared, returned. Reapplied the nitrate of silver, with similar result, but yet the disease seemed to be beyond the reach of the application. At eight P. M., the child vomited what appeared to be false membrane. From eleven to one, the child had a severe paroxysm of dyspnoea, corresponding to a similar one on the preceding night; applied the solution, but with some difficulty, as the child was uneasy and restless. Towards morning, the

child's strength began to fail, the breathing became more and more laborious, the countenance more anxious, and the features swollen and darkened; pulse frequent, and respiration sixty in a minute. Coldness of extremities. Stimulants were resorted to, but without much effect, and the little sufferer was relieved by death at a quarter past four P. M. Tuesday, sixty-six hours from the commencement of the disease.

The early treatment of the case was homœopathic. Sunday eve, Dr. Holmes was called in, and recommended the usual external applications, and the air of the room was moistened by the evolution of steam. Dover's powder was given. No means, however, were used which tended to greatly reduce the system, nor was the child one who could have borne active treatment. The application of the nitrate of silver was followed by decided relief of the dyspnœa, and the air entered more freely, for the venous circulation appeared less marked, and the cough became looser. The disease appeared to the physicians to commence below, and then to ascend, because there were sibilant and sonorous râles in the chest, and the membrane appeared above, after the child had been seized with the first symptoms of croup. It seemed to Dr. A. that, if the membrane had not extended so deeply into the bronchia (as appeared at the *post-mortem* examination), the chance of saving the child's life would have been much increased, and that in an ordinary case of membranous croup, commencing in the pharynx and going downwards, a great reliance may be placed upon the application of the nitrate of silver. *Examination* twenty hours after death. Child, three feet four inches in height, chest full, no emaciation. Making an incision, and lifting up the sternum, the lungs appeared in perfectly healthy state. Removed the trachea by an incision above the epiglottis, inflated the lungs; every lobe filled out except the upper lobe of the left lung. Made an incision whole length of trachea to bifurcation, found shreds of false membrane along course of trachea, and the bronchial entrance to upper left lobe closed with false membrane. The track of the sponge was distinctly seen along the surface of the trachea, and the membrane had been dislodged in many places. Opening the œsophagus, no trace of the solution appeared upon the surface of its mucous membrane or upon the stomach. All the other organs were healthy.

October 27th.—Wound of the Abdomen, fatal in twenty-two hours.—Dr. S. D. TOWNSEND related the *post-mortem* appearances observed in a man who died at the Massachusetts General Hospital from a stab given by a clasp-knife in the hands of a man with whom he was in company.

A wound one inch and three-quarters long existed about two inches above anterior superior spinous process of left ilium; it extended backward towards the crista ilii, was a clean cut, and had been closed by three sutures before the patient was brought to the hospital.

On opening the peritoneal cavity, offensive gas in considerable quantity

escaped; the intestines floated in a dark reddish-brown fluid, which contained feculent matter. Recent unorganized bands of lymph between the coils of intestines. Patches of lymph and adhesion of the peritoneal surfaces were observed. Small intestines considerably inflamed.

Upon turning down the parietes of the abdomen, an internal wound was discovered, nearer to the median line of the body than the external, with which it communicated; its lower angle opposite to the upper angle of the outer wound. The internal wound was about two inches in length, and through it, a band of omentum, three inches long, was drawn, strangulated and highly inflamed. Considerable force was required to extricate this strangulated band from the wound.

Extensive ecchymosis around the wound. About four feet from the pylorus, a clean cut into the jejunum was found, an inch in length, and opposite, near the mesentery, a second, half an inch long.

The stomach somewhat inflamed, and partially filled by a thick, dark-coloured fluid, like that observed in the small intestines, and also similar to the matters vomited just before death.

One pint and a half of fluid were contained in the cavity of the abdomen, made up, apparently, of blood, pus, and feces.

October 27.—*Kousso as a Remedy for Bothriocephalus Latus*.—Dr. ABBOT mentioned the use of this article, successfully, in two instances, the larger part of the parasite being apparently brought away in each case; the head, however, had not been seen.

Dr. DURKEE referred to four cases wherein kousso had been used; two successful, two not so.

Dr. CLARK spoke of Mr. Teschemacher's account of success against the tapeworm by the use of pumpkin seeds.

Dr. JACKSON had known pumpkin-seeds very effectual in one instance.

October 27.—*Hemorrhage from the Bowels in Typhoid Fever; its frequency, treatment, &c.*—Dr. STORER asked what is the frequency of hemorrhage from the bowels in typhoid fever? He could recall but three cases of any severity as having occurred in his practice. In two of these, the patients recovered, although in one of them the bleeding was profuse, and the patient was exceedingly reduced by it.

Dr. S. had seen to-day a death from this cause. A man, aged about thirty, during convalescence from typhoid fever, had a relapse in the third week. This morning, the patient suddenly had two very large evacuations of blood, estimated at from three to four pints. Dr. S. was called, and found him much prostrated; cold, and almost pulseless. Stimulants and astringents were administered without effect, and, upon the recurrence of the hemorrhage, more profusely than before, he expired, about three hours after the first bleeding.

Dr. COALE said he could not speak as to the *frequency* of this accident; he referred to a case occurring in his practice in April last, in a person convalescent from typhoid fever; pure, liquid, venous blood was first passed, and then coagula came away; after being arrested, the flow returned and proved fatal in forty-four hours from the first attack.

Dr. HOMANS, in 1822, had seventy-two cases of typhoid fever, among which were only two of bleeding from the bowels; one of these latter was fatal; in 1840, out of thirty cases, there were three with this hemorrhage; none fatal. The blood was always coagulated; the *first* bleeding invariably the most profuse. Dr. H. never saw it recur more than three times in any one patient, and remembers but one fatal case. He does not now attempt to arrest the bleeding; astringents do more harm than good; he considers the hemorrhage an effort of nature.

Dr. BIGELOW, Sen., had always considered this bleeding a very grave symptom; if the hemorrhagic diathesis be very marked, there is rapid sinking. Dr. B. has seen hemorrhage from the nose, lungs, urethra, and bowels in the same patient within twenty-four hours. A dose of castor oil will often arrest the latter; moderate astringents and injection of cold water are sometimes required afterwards.

The discharge is analogous to the diarrhœa of typhoid fever, and is to be *controlled*, not suddenly checked.

Dr. J. B. S. JACKSON said his experience accorded with that of Dr. Bigelow. Even when the bleeding is quite profuse, it is rarely fatal; marked relief is sometimes observed from it. On *post-mortem* examination of these cases, Dr. J. has not found Peyer's patches ulcerated; in one instance only does he remember such lesion; in that case, a coagulum was observed hanging off from the face of an ulcer near the cœcum. The intestine is often found stained, and sometimes a congested state of the vessels is remarked, but no ecchymosis.

Dr. J. testified to the strikingly good effect of *castor oil* in one of Dr. Bigelow's hospital patients.

In answer to Dr. Bigelow, Dr. STORER asked if the appearance of the blood, and the greater or less prostration of the patient, would not make a difference as to the administration of the oil? and whether, although he might be disposed to give it, if coagula were passed, particularly if they had the appearance of having been formed for some time, he would pursue this course if liquid blood should be found freely flowing, and the patient rapidly sinking?

Dr. BIGELOW replied that, in cases of extreme prostration, the physician should pause and weigh the case well before acting; even in such instances, he thought the removal of any offending matters would be well, perhaps combining an astringent with the oil, or *following* the latter by one.

Dr. B. said that the blood, in many of these cases, may be furnished by *exhalation*, without positive *lesion* of the intestinal surface? Dr. Jackson said he had always supposed this to be the case.

November 10th.—Dr. BIGELOW, Sen., referring to the discussion, in regard to hemorrhage from the bowels in typhoid fever, which occurred at the last meeting, said he has now in the hospital a female patient who entered November 1st, was attacked fourteen days previously, and has had most of the grave symptoms usually observed in typhoid fever. On the fourth day after her entrance, she lost Oss of blood from the bowels.

Dr. B. ordered ζij of castor oil, a small dose only, she having some diarrhœa; two grains of the acetate of lead to be also taken after each subsequent sanguineous discharge. Next day, it was ascertained that there had been five discharges of blood, not, however, so large as the first; and that the oil had not operated. R. Olei ricini ζvj , to be followed by sulphuric acid. A fecal discharge, containing some blood, was procured by the oil, and, subsequently, there were several fecal discharges; the next day a natural discharge took place, and no hemorrhage afterwards.

In this case, observed Dr. B., the acetate of lead did not arrest the bleeding; the oil, in operative dose, seemed effectual. The case is progressing, with delirium, quick pulse, restlessness, &c.; and this day profuse menorrhagia has supervened. The blood passed from the bowels was not coagulable. The passage of defibrinated blood is an indication of greater gravity of the disease. He remarked that French writers report a mortality of more than half of these cases of intestinal hemorrhage in typhoid fever.

Dr. STORER said that it would be remembered that in Dr. Homans' cases there were, invariably, *coagula*.

Dr. BIGELOW reiterated his opinion, given at the last meeting, in reference to the treatment of this accident, by operative doses of castor oil. In a considerable number of cases, he had found the hemorrhage to cease on the passage of the oil. Without such evacuation, large doses of astringents were often ineffectual.

[GRISOLLE notices intestinal hemorrhage in typhoid fever as a grave symptom; it nearly always increases the patient's feebleness, however small it may be; is very frequent in the adult, quite rare in youth; sometimes arising from erosion of a bloodvessel, it most often is passive, and occurs by exhalation; occasionally, it is very profuse. This author advises the suspension of purgatives; iced lemonade; cold applications to the abdomen, and cool injections; if the bleeding be persistent, astringents, especially *rhatany* by the mouth, and also thrown up the rectum.—*Path. Intern.* vol. i. pp. 42, 57.]

June 23.—Case of Unusual Dislocation of the Hip-joint.*—Dr. J. M. WARREN related the case of a young man, about twenty years of age, who had a bundle of hay to fall on him from a loft, striking him on the outside

* This and the following case are reported out of date, having been intended for the January No. of the Journal. The manuscript could not be prepared in season.

of the thigh, so far as he could describe it, and forcing him to the ground. On being taken up, it was discovered that the right hip-joint was dislocated. Dr. W. was requested to see him by his physician, Dr. J. F. W. Lane. The patient was lying on his back, the thigh sticking out laterally from the trunk, and forming a right angle with it. At the spot usually occupied by the trochanter, a deep hollow existed. The head of the bone could be felt on the ascending branch of the ischium, and might at first easily be mistaken for the tuber ischii. The patient would not allow any examination to be made until he had been placed under the influence of ether.

The pulleys being adjusted, on the first effort at traction, the head of the bone slipped around the socket, and produced the appearance of a dislocation into the ischiatic notch. The force of the pulleys was now increased, and the head of the bone was quickly brought over, and went into its place with a distinct report. On the extension power being removed, the limb was found to have recovered its proper length and motions. Dr. W. said he had seen a somewhat similar case a few years since.—A gentleman, 60 years of age, fell from the third story of his store, alighting on his knees among some bales of goods. The effect was to produce a displacement of the right thigh, attended by phenomena like those observed in the above instance. The patient was etherized, and the limb replaced by manual force without the aid of pulleys, the system being depressed at the time from the effect of the accident.

August 11.—Dr. J. M. WARREN reported the following case of *Uncommon Tumour of the Mons Veneris*, and showed the specimen:—The subject of this was a patient of Dr. Alexander, of South Boston, forty-two years of age. The tumour commenced some years since, and was perceived, just after her confinement, in the left groin. It gradually made its way into the labium of that side, and, as it enlarged, involved the mons veneris, dragging it down, together with the integuments of the abdomen, and finally formed a large pendulous tumour, hanging between the limbs, covering the external organs of generation, and causing much pain and inconvenience to the patient.

On removal, the tumour was found to be fibro-cellular, of very firm consistence, the cellular tissue surrounding it and entering into its composition, being infiltrated with serum. The weight of it was two pounds and two ounces.

Oct. 27.—*Affection of Peyer's Glands in Acute Infantile Diseases.*—Dr. JACKSON reported the case of a child, two years old, who died in about twelve hours, having been convulsed most of the time, and insensible during the intervals; it could not be made to vomit, and had no dejection, though active enemata were used. The child was previously healthy, and no cause could be assigned for the attack. Peyer's glands were considerably developed, somewhat softened, and many of them were dotted over with deep-red points, as from minute ecchymosis, the intervening surface of the patch being not at all reddened. The solitary glands were also developed throughout the small intestines, and towards the lower portion some of them were ecchymosed like the Peyer's. Besides this affection of the glands, there was found extensive cadaveric softening of the stomach, so often observed in cerebral cases; with an extension to the cesophagus, and perforation into the left pleural cavity. The head and all the organs of the thorax and abdomen were carefully examined, the alimentary canal being opened throughout; but nothing else was found except a simple volvulus, this being also not unusual in the cerebral affections of children. The intestine was shown.

In connection with this case, Dr. J. referred to another which he had reported to the Society in October. The child was three years old; it had at six A. M. an active convulsion, and at noon a second, followed by stupor, with twitching of the limbs for three or four hours. In the evening, there was heat of skin, with excitement of the mind, and twitching as before, and at ten P. M. it died. It had been previously healthy, and no cause whatever was known for the attack. Peyer's glands were very much thickened and irregular upon the surface, but not at all softened nor reddened. The solitary glands also were quite numerous and much developed in the small intestine, but far less so in the large. As in the first case, each of the three cavities was thoroughly examined, but nothing else was found.

Dr. J. remarked that for many years past he had been in the habit of observing an affection of the intestinal follicles in the convulsions, exanthemata, croup, and pneumonia of infants and young children; four cases having been met with during the last eight weeks, exclusive of the two above detailed. The fact is alluded to in the printed Catalogue of the Society's Cabinet, and, from the frequency of its occurrence, must be sufficiently well known; yet he had never seen it noticed by any writer until recently, when he met with it in Rokitsansky's *Path. Anat.* (Sydenham Soc.'s ed. vol. ii. p. 89), from which he read an extract. This author speaks of the "swelling" of the follicles, the character of the deposits, the formation, though rarely, of an ulcer, &c.; but he says nothing of redness. Dr. J., on the other hand, has found redness of Peyer's glands as the principal characteristic of the change in question, though often but faintly marked; swelling, in many cases, had scarcely existed, if at all; and of ulceration he had never seen the slightest trace. The redness was diffused over the greater part or whole of several of the patches; the case above reported being the first in which he remembers any appearance of ecchymosis. Simple swelling, Dr. J. has met with under such circumstances that he has heretofore been disposed to regard it as being hardly an abnormal condition, and as only an accidental circumstance, when observed in infantile disease. In the second of the above cerebral cases, however, it existed without redness. The pathological value of the redness of Peyer's glands, moreover, Dr. J. is inclined to question, having found it several times in persons dying suddenly, whether from accident or disease, but in whom the process of digestion was going on, redness of the mucous membrane of the stomach being sometimes found at the same time.

Nov. 10.—*Anchylosis of the Left Thumb.*—Dr. BOWDITCH introduced a miner from California, the last joint of whose left thumb is firmly ankylosed. The whole thumb is much smaller than the other, many splinters of bone having come away. The affection came on while the patient was washing for gold. He states that many miners are similarly affected; some get the disease in the spine and become lame, so as to require crutches.

Nov. 10.—*Eburnation of the Cartilaginous Surfaces of the Knee-joint.*—Dr. H. J. BIGELOW showed the specimen, taken from a negro man who had been run over by railway cars. One leg was crushed; from the other, the foot was cut off clean, as if chopped off. The patient, eighty-four years old, suffered amputation in both limbs; in one above, in the other below the knee. Death ensued in two days. One knee-joint showed a grooved ivory texture upon its surface.

Dr. B. remarked that this disease has lately been described by Deville, of

Paris, under the title of *arthrite chronique sèche*. 1st, the cartilage is *modified* in its structure, assuming a *velvety* appearance; 2dly, foreign bodies are observed in the joints; 3dly, deformities occur about the joints; in the thigh, the bone often *sinks* so much at its head that the limb becomes greatly *shortened*; 4thly, eburnation [*éburnéation* of Guérin] of the tissues, as in the present case; all which appearances, before recognized, have been, by the above writer, traced to a common cause, sufficiently indicated by the name assigned to it, viz., "dry chronic arthritis."

November 10.—*External Use of Chloroform*.—Dr. CHANNING read the following paper on this subject: "I have made some trials of the external application of chloroform. It has often been entirely successful in the present relief of pain. In some, the relief has been permanent. This use of the remedy of pain is not new. It has been said that a free application of chloroform to a part on which a surgical operation is to be done, will render such part insensible to the violence done it. Thus, immersing a finger in chloroform will prevent the suffering which accompanies the deep cuts which some of the diseases of this member require, and which are described as exquisitely acute. These statements rest on good authority. In such use of chloroform consciousness remains unimpaired, the brain not being at all affected by it.

Having frequently applied chloroform externally for the relief of pain, in many and various cases, and often with speedy, and generally with continued relief, I propose to present some of them to the Society:—

CASE I. 1848. Mrs. —, about 30, has children. For some years has had symptoms of uterine disturbance. Among these, have been suffering on intercourse, leucorrhœa, tumoral pains in and about the pelvis, always increased by walking, and which, except pain in the spine, are relieved by lying down. For the uterine conditions the usual means were faithfully employed, and her complaints there were entirely and permanently removed. The dorsal trouble, however, was as great as ever.

For this I recommended the external application of chloroform over the whole course of the spine which was involved in the disease. The effect was immediate and complete. I saw this patient, a few days since, Nov. 1851, and found her well in regard to the back, and speaking of herself as very well in all respects.

In this case, the pain in the spine was doubtless the result of the reflex function, the womb being the original seat of the malady. But when the uterine affection was relieved, the sympathetic dorsal difficulty remained, and only yielded to the use of chloroform. The quantity used was an ounce.

CASE II. Mr. —, aged 22. A very feeble man in appearance; very thin in flesh; pale; and an almost constant sufferer from headache. This pain occupied but a small part of the head arc, and most frequently the right temporal region. It was accompanied by constant nausea, frequent vomiting, great prostration of strength, and demanding for its present relief firm pressure over the part affected.

The last attack, which happened a few weeks since, I applied chloroform to the seat of pain. A few drops were applied by means of a handkerchief. The immediate effect was redness of the skin and a tingling sensation in the spot. The pain was at once relieved. He raised his head from a friend's shoulder, opened his eyes, looked round, and expressed his utter surprise and deep pleasure at the entire relief which had followed the use of such apparently simple means. He called on me the next morning, and reported himself perfectly well. I have not been called to him since.

The relief in this was *sudden* in its occurrence, as it had been in others. It has not been less permanent on that account, or in such cases. It has acted at once to remove pain, and with a rapidity which distinguishes the relief entirely from that which follows etherization by inhalation. The brain does not seem to have anything to do with the matter. Local pain is abolished, and at once; and the nerves have no story of suffering to tell to the brain. The sentinel is at his post, but his function is not needed. The part does not lose its natural sensibility at all. On the contrary, it feels the tingling, the irritation of the chloroform, just as distinctly as at first. Nothing has been lost of natural power and healthful function. All that has happened is this: the pain has ceased, and the patient is well.

CASE III. 1851. Mrs. —, aged 36. Has long suffered from uterine disturbance. The most exhausting and annoying symptom was leucorrhœa. This was a perpetual drain, and made her exceedingly uncomfortable. I was occasionally consulted in this case; but, as her general health continued tolerably firm, no systematic attempt at recovery was thought necessary by the patient. She became pregnant, and supposed herself between two and three months advanced in that state, when hemorrhage and severe uterine pain occurred, on account of which I was desired to see her. She had lost a great deal of blood before I saw her. I found her perfectly blanched—lips and whole face; skin cold; hands bloodless; faint; almost pulseless. Various means were used, and the hemorrhage was stopped. I considered her case, however, so pressing, that I passed the whole day in the house. She now began to complain of pain in the back. This had exacerbations in the night, becoming too severe to allow of sleep, and continuing three or four hours without mitigation. For this I recommended chloroform, which was applied by means of a handkerchief, and with excellent results. After three applications, on as many days or nights, the pain ceased, and has not now, at the end of some weeks, returned.

CASE IV. Mrs. —, about 40. Last child, thirteen years old. I was called in consultation in this case, because of vomiting, attending pregnancy, of about three months' standing. The vomiting ceased under treatment, and food was taken in sufficient quantities, and was well borne by the stomach. A comatose state supervened, which increased, with entire abolition of mind, and death was its consequence. The termination of cases of fatal vomiting by coma has occurred in many instances which have come under my notice or knowledge. I do not, however, recollect a case in which apparent recovery has been followed by coma ending in death.

This case is reported here, because of the use of chloroform for one of its symptoms. This was pain in the back, in the course of the spine. It was very severe, taking the lead, in distress, of all the rest. For this pain I prescribed an ointment, if so liquid a substance as was produced by the union of lard and chloroform deserves the name. It was applied twice or thrice a day, and with most excellent effects, the pain entirely disappearing. It was used in the same way in the first of these cases.

CASE V. Mrs. —. Has had four premature labours; the first at about five months, the fourth at about the eighth. They were all still-born, or neither of them lived over an hour or two. The fifth pregnancy was terminated at the full time by the birth of a living, healthful male child, on the 17th October, 1851. I visited her for the usual time after delivery, and left her in rapid progress towards perfect recovery. I was called to see her on the 27th Oct., and found her apparently very ill. Pulse rapid; skin hot; face flushed; much

pain in head and in both breasts, making all attempts at nursing absolutely agonizing. A thick eruption had appeared over the whole chest. Upon examination, the breasts were found exquisitely sensitive, not bearing pressure at all. Sufficient pressure, however, was made to enable me to ascertain that there was no unusual hardness, or, in short, any other sign of disease in either organ. The pain was confined to the skin, and seemed to involve its whole tissue. The eruption proved to be a very full crop of sudamina of unusual size, resembling exactly an exaggerated form of the same kind of eruption in typhoid fever. Various means had been used before my visit, but without any good effect.

I recommended chloroform, and with the best effects. I regret I had not used it in combination with lard or rose ointment, both of which I have used, and for the reason that it may in this way be more extensively applied, with more continuous benefit, and with less of the unpleasant tingling which so generally accompanies the uncombined substance.

On what did this aching pain depend? It resembled that which at times makes *shingles* so very distressing. Was it owing to the eruption? I have never known the skin in sudamina to be complained of as the seat of pain, and I have examined it when covered by this eruption after a manner to have produced pain had morbid sensibility existed. In Mrs. ———'s case, the pain was persistent, being much aggravated by handling, though never so gently. The pain in this case subsided, under the use of chloroform, long before the eruption disappeared.

CASE VI. Mrs. ———, aged 25, married very young, and had a premature labour within a year or two afterwards. I was desired to see her, October, 1851, on account of an enlargement of the abdomen, on the left side, and for various signs of ill health. The tumour was found to be an excessively enlarged spleen. It filled the left hypochondrium, extending forward to the epigastrium, and downward to Poupart's ligament. Its anterior boundary was the linea alba. From this point or line it extended laterally and backward, filling accurately one whole side of the abdomen. She has been always regular in regard to the catamenial function, with the exception of the last two periods. Nausea, vomiting, and other unusual and disagreeable feelings have led to a suspicion that pregnancy may exist. She has recently taken a fatiguing journey of three days, and has suffered much since. The pain has been most troublesome in the head, and in the seat of the tumour. Diarrhoea and flatulence, with general anasarca, involving the face and head, are also present. Chloroform to the forehead and to the seat of the tumour has given her much comfort, more than has been derived from any other means used.

CASE VII. Mrs. ——— was delivered of her second child, a daughter, December 25th, 1850. Since that event she has been liable to diarrhoea, which, however, has not impaired her general health. She has long been annoyed by a spasmodic catching of her breath, almost resembling hiccup, but producing more general agitation of the body than does that. After her last confinement, this affection was for some time unusually troublesome.

I was called to see Mrs. ———, October 6th, 1851, and found her apparently very ill. She was hot; feverish; pulse rapid; severe pain in head, which it was attempted to relieve by bandage, and different washes; vomiting large quantities of watery fluid, colourless, having floating in it masses of a dense, white substance, resembling coagulated milk. No milk has been taken for some time. Copious diarrhoea, with very severe, intermitting pain around the umbilicus. No sleep at night, and for a week or more has suffered many of present symptoms. Means were used to check vomiting and diarrhoea, but

without any useful result, and I determined to try chloroform externally. Its effects were most grateful. The head, stomach, and bowels became easy. They were, in short, relieved of all their trouble. This was in the evening. At my morning visit, I found Mrs. — up and dressed, nursing her child; and, except weakness from so much suffering, and forced total abstinence, in her usual health. I forgot to mention above, that, during this very severe attack, the catching respiration revived, as it does, I was informed, whenever she is at all indisposed, and continued till she recovered.

CASE VIII. Mr. —, of strongly-marked nervous temperament; very *impressible*; an excellent mesmeric subject. I was called to this gentleman on account of violent pain in the head, and to which he was very liable. I found him in bed. He could not sit up at all, and any noise in the room, or house, or jarring of the furniture, increased the pain to agony. Pressure to the head gave some relief. While I was examining his case, he said he could bear his sufferings no longer; that he must get up, and walk round the room; do anything which might afford some relief. He was hot; skin dry; pulse rapid. I sent for leeches; but before they could be got, and because of the increased suffering, I made a free application of sulphuric ether to the forehead. The relief from its use was soon apparent. It was strongly expressed, until, worn out by his long agony and sleeplessness—and now relieved—he fell asleep; and, after long and perfectly quiet rest, awoke without pain, and next day went to his business.

The relief here was quite as striking as from chloroform. A good deal of ether was used, indeed, and the patient may have found some of the relief he experienced in the unavoidable inhalation of the ether vapour. This was not at all the case in the instances in which chloroform was applied. The quantity was very small, hardly damping the handkerchief beyond the limits of a twenty-five cent piece, and with the wet surface close to the skin, and often under the bed and other clothes. This case is reported, not on its own account only, but also to allude to another mode of employing local etherization. A professional friend of the highest reputation amongst us, and very cautious in forming opinions concerning the direct effects of remedies, once told the writer that he had been much gratified with the agency of sulphuric ether in procuring sleep in cases in which he was desirous to avoid the employment of opiates. His method was gently to have the forehead and face wiped with a cloth damped with sulphuric ether, and very often most grateful sleep followed this use of it.

CASE IX. Mrs. —, aged 19, in seventh month of pregnancy. Of excellent health before marriage, she has suffered, in an unusually severe form, the signs and diseases of pregnancy. Vomiting occurred very early, and such was its excess that it seemed impossible that she could live through its ordinary continuance. To this succeeded ptyalism, which has been quite as uninterrupted and severe as was the vomiting. She is constantly in bed, having no power to sit up. Violent headache; pain in abdomen; in back; in short, pain occurring in all possible localities, has made her life, for months, wretched. Having tried the ordinary means of diminishing these troubles, I have at length applied chloroform. The pain in the head has entirely ceased since she began this course. All other means are omitted. Pains elsewhere are sensibly diminished. She has no nausea, no vomiting, and the ptyalism is less. She bears milk, in small quantities, quite well on her stomach. As the pain in the back and abdomen continues to recur when the effects of the chloroform have passed away, I have to-day, November 10, 1851, directed an

ointment of chloroform, two drachms to an ounce of lard, to be applied to the spine and to the epigastric region.

CASE X. This case occurred in the person of the writer. The disease was toothache. It was in one of its severest forms; had continued many hours; extended to the temple and lower jaw, and made the least application to it, a touch merely, exquisitely painful. Chloroform on a handkerchief was applied to the third branch of the fifth pair, where it passes out upon the face, and to its ramifications, and especially to that part of the cheek which was over the diseased tooth. The usual sense of tingling and burning was experienced, and the skin became slightly red. After a few minutes, a most grateful sense of relief was experienced. The pain disappeared as entirely as it does after an aching tooth has been drawn. No tenderness remained. The tongue or finger could be freely pressed against the tooth, and without producing any uneasiness. Chewing was possible and grateful. Cold water gave no agony. It may be inferred that I have exaggerated the suffering. Said a patient to me once, to whom I had suggested the idea that she might be in error as to her suffering, "*Sir, I know by my feelings how I feel.*" I can say that what I have said of the pain, and of the relief from chloroform, need not to be questioned. I felt and understood both.

Relief continued for some time. Pain recurred, but it was at once treated as above, and was at once relieved.

Remarks.—I have written off these cases that I might report them to the Society, because I think this method of using anæsthetics may often be useful. It is not on account of the novelty of this mode of application of chloroform that the cases are presented, for the suggestion of such use will be found elsewhere. They are read because they present a number of cases, of facts, in which it has been a purpose to afford relief by the remedy, and especially by a faithful trial of it.

Another reason: These cases are sufficiently numerous to furnish some basis for generalization. By adding to them, they may at length authorize the establishment of rules of practice, which may not only contribute to the comfort of the sick, but exert important influences over disease.

Again. This use of chloroform is perfectly safe. Not the least disturbance of system or organ has been produced by the external employment of this substance. Consciousness remains undisturbed. The pulse, breathing, temperature, are natural. The expression of relief is very striking. In other uses of chloroform, or ether, consciousness is more or less abolished, and we know nothing of the relief but what comes of absence of complaint. From its external use we learn at once the whole story of the comfort, the extreme pleasure which is experienced.

Again. I present these cases in the hope that others will be induced by them to seek for their patients' relief from other sources than those ordinarily employed, and which so often do little more than occupy a certain amount of time in a self-limited disease. These cases show that we have the means of shortening this time, nay, of giving relief at once, and thus of anticipating recovery. I have used chloroform externally but once in acute inflammatory disease—puerperal peritonitis. In this case, after-pains continued until the fourth day from delivery, with retention of urine, and pain in the lower part of the abdomen, which broke sleep and produced extreme discomfort. This case was some miles from town, and I was attending in consultation. I advised a trial of chloroform to the part, and used it as above described. Its

effect was not agreeable. The skin had been sodden with hot rum, brandy, hop-bags, &c., and had been made so tender that unusual smarting, tingling, and heat were at once produced, so as to make it necessary to remove the chloroform. There were recent leech-bites near the seat of pain, and these may have been irritated by the application. Should I again use chloroform externally in similar cases, I would combine it with some ointment, say rose ointment, in proportion of one or two drachms to the ounce of the ointment, and apply it on cloth, or, which would answer better, sheet or woven lint.

Has not our subject important physiological and therapeutic relations? The nerves, under ordinary circumstances and in their healthful state, convey at once to the brain morbid occurrences whenever or wherever such happen, and thus most important information is given of the state of the system, or of a part of it. So, when the body in every part of it is in health, the nerves communicate the knowledge of this fact to the brain and mind. The result of such agency is that consciousness of universal physical soundness—health—which constitutes the highest enjoyment of life. But chloroform, as we have seen and said, abolishes pain—we do not say cures disease—and, in this freedom from suffering, leaves it to the nerves to aid in such living processes as are themselves tending to the recovery of the diseased organ to health, and to aid the therapeutic powers of medicine. The mind remains ignorant of the state of the diseased part, so far as pain has given it knowledge of such state; but recovery is not thus delayed. We believe, on the contrary, it is hastened.

Of the mode of applying chloroform endermically, a word. A handkerchief fresh from the drawer, and a phial of chloroform, are all that is needed. Apply the handkerchief to the open mouth of the phial, and invert the latter so that the chloroform may wet a spot in the centre of the cloth. Do this two or three times, and then apply it to the seat of pain by moderate pressure and without friction. Let it remain till it is dry, and then wet and apply it again if need be. Ordinarily, the pain soon becomes less, and will even be found often to disappear entirely, with no further application of chloroform. Some redness is commonly produced, and some tingling or smarting. These, however, disappear when the handkerchief is removed. To prevent evaporation, and especially to prevent inspiration of the chloroform, always cover the cloth which contains it with another dry one.

[At the meeting succeeding that at which the above paper was read, Dr. Channing asked that he might make an amendment by addition.

He said that a question arose, after his paper was read, whether chloroform could be relied on for relief of pain by its external application. Dr. C. replied that the skin, of all tissues, is the most liberally supplied with nerves, and that as chloroform acts wholly upon and through the nervous system, the patient, under its fullest action, was deprived of consciousness by its direct action through the nerves upon the brain. The action of chloroform, then, through the skin, was precisely the same as through the lungs, with this difference, that, when introduced by the latter organ, such is the vast extent of texture to which it is applied, consciousness is lost as well as sensibility.

It was further objected to Dr. Channing's views, that the entire or healthy skin was the least fit medium for the introduction of medicines into the system, and that, in order to make such applications useful, the usual method was to denude the skin, or remove its external envelope. To this objection, Dr. Channing replies by referring to the questionless results of the endermic practice of medicine. He also referred to the anatomical fact that the mucous tissue was

nothing more than the common integument extended or continued into open cavities. Now, who can question the immediate effects of chloroform when inspired into the most healthful lungs? He further contended, by reference to established facts, that chloroform is nearly or quite as rapid in its agencies when applied to the sound skin as to the sound lungs. He had met with these effects too often to question this statement. He did not say that the external application of chloroform would cure or remove a disease of which pain was a symptom. Neither does opium. How rare is it that disease disappears with symptoms! His object in recording his cases was to show that pain had as often, nay, oftener, been relieved by chloroform than by any other remedy for pain in his memory, and for this he had asked the attention of the Society to his experience of its anæsthetic effects.

As to a lesion of the skin as favouring the remedial effects of external medication, he could only say that analogy did not sustain the doctrine. A lady in advanced phthisis had derived much relief from ether in the sufferings of its earlier stages. In the progress of the disease, when more and more of the lungs was suffering from its power, she was obliged constantly to increase her quantity of ether in order to find relief. For some time, a quart a day had sufficed. But this was increased until nearly six quarts were consumed in the same time. Not only did she directly inspire it, but her dress, and the furniture of her sleeping and sitting-rooms, were kept wet with ether, so that she might live in an atmosphere of ether vapour. Here was lesion of texture in every extent and variety of it—nerves were fully exposed—still the ether was increased in quantity as fast as new or additional lesion was produced.]

November 24.—Polypus of the Uterus.—Dr. CHANNING exhibited a portion of a polypus of the womb, which he had lately removed from a patient, who had for more than a year suffered severely from the symptoms of polypus. These were excessive hemorrhage during the catamenial periods, and hemorrhage at other times from extra exertion. Except at the menstrual flow, the tumour remained within the womb. At his first visit, the polypus was partially protruded from the os uteri, the catamenia being present. An unsuccessful attempt was made to include the protruded portion in a ligature. It was agreed that ergot should be given before and during the next period, and, if the tumour came within reach, another effort for its removal should be made. He was called again to visit the patient at her residence in the country, where he first saw her.

Examination discovered a tumour of large diameter, filling, and extending beyond, the os uteri. Its vaginal extremity looked directly to the hollow of the sacrum, the fundus of the womb being towards and above the symphysis pubis, lying directly across the pelvis, or from before backward. This situation rendered the application of the ligature very embarrassing. The double canula, as modified by Gooch, were used. They were carried, a med with whipcord, to a point of the projecting polypus, as near as possible to the os uteri. One of them was made to rest there, while the other, swept along the projecting tumour, was carried beyond its free end, and then along its opposite side, until opposite the fixed canula first described. Carrying the ligature along with it until it was parallel with the first canula, it was brought down inside over the tumour until it met its fellow. In this way a loop was formed parallel to the tumour. The slide was next carried along the canulae. This completed their farthest extremity. The ligature was now drawn tight, and having satisfied Drs. Channing and Stevens, the attending

physicians, that it was in its place, it was secured at the ring or shoulders of the instrument.

The ligature gave no pain. It was tightened twice a day, and on the fourth day the tumour fell off, and when measured, though contracted by the spirit in which it had been preserved, was found to measure in circumference $7\frac{1}{2}$ inches, and $2\frac{1}{2}$ inches in diameter. Perfect recovery followed the operation.

Dr. Channing reported another case, in which great suffering from forcing pains was experienced at the catamenial periods, accompanied by excessive hemorrhage. In this case the tumour was found within the os uteri, the latter surrounding it very closely, making the dilated cervix, and the exceedingly thinned labia, to resemble *phymosis*. Such was the closeness of contact between the polypus and thinned cervix, that the smallest probe could scarcely be passed between them. Ergot was given in this case at the catamenial period, as in that above reported. The polypus protruded, and being in the axis of the vagina, was reached and surrounded by the ligature with comparative ease, and secured. The polypus dropped off, and perfect recovery followed.

Dr. Channing said that he had operated in a number of cases; that he had met with no bad results; on the contrary, his patients had done well. He has sometimes found pain complained of when the ligature was first drawn. The pain, which was of short continuance, was probably owing to the fact that in some cases the ligature was applied nearer to the womb than in others, and pressure was thus made upon some of the tissues of the organ which were sensitive. In these cases, the base was very large, and strong pressure was necessary to produce strangulation. Recovery was as rapid in these as in those cases in which no pain was felt. In no case has there been any return of polypus. The latest he has met with was the smallest of the whole number; and yet the pain, the hemorrhage, the debility, and intolerance of almost any amount of motion, were nearly as pronounced as in any of the rest. It was about two inches in length, but very small in diameter, and sprung from a very minute pedicle from the lip, or from just within the os uteri. It was removed by the polypus forceps, by twisting the instrument, and without either present or secondary hemorrhage. The relief was perfect.

Dr. J. M. WARREN asked Dr. C. if he had not met with any case in which polypus had returned after being removed by the ligature? Dr. C. said that in his own practice he had met with no such case, and he meant to confine his remark, on this point, above given, to his own observation. He remembered a very interesting case, which, with Dr. Storer, he had recently the great privilege of examining, by the kindness of Dr. Warren, and of witnessing Dr. W.'s successful application of the ligature; and in which case Dr. W. had, a few months since, done the same operation for another polypus.

Dr. C. requested Dr. Warren to give an account of this case to the Society; which request Dr. W. complied with as follows:—

The patient was an unmarried female, thirty years of age, and was operated on before by Dr. W., four years since, for a polypus of the uterus, and has been quite well until within six months, when the symptoms denoting the existence of another tumour in the cavity of the womb were manifested. The history of the case was as follows: Four years and a half ago, while entering the house in the evening, she fell, receiving a severe blow on the lower part of the abdomen, from the stone step. She was carried into the house in a state of great suffering, and a profuse uterine hemorrhage followed. For some months she was confined to her bed, scarcely able to turn from pain, and suf-

ferred from occasional returns of the bleeding. Coming under the care of an experienced practitioner, a vaginal examination was made, which disclosed the existence of a polypoid tumour extruded from the os uteri. Dr. W. saw the patient in consultation, and advised an operation. At this period she was suffering from anæmia, and so exhausted as to make it unsafe for her to assume the upright position, as the attempt was always attended by fainting. A ligature was applied to the polypus, and the tumour separated on the fourth or fifth day, the subsequent recovery being rapid.

The patient remained well until six months since, when the recurrence of hemorrhage at the menstrual periods, severe pains and bearing-down sensations in the back and loins, seemed to indicate the existence of uterine disease. Added to the above symptoms was the discharge of a gill of watery fluid from the vagina once in five or six days.

On examination, Dr. W. found a tumour occupying the whole fundus of the uterus, and projecting into the vagina. With some difficulty the finger could be passed into the cavity of the organ through the os, which tightly embraced the central part of the polypus; with the speculum it could be distinctly seen, its parietes presenting a white, glistening appearance. Dr. Channing and Dr. Storer saw the patient with Dr. W., and concurred with him in opinion as to the nature of the disease and the propriety of an operation. Accordingly a strong ligature, made of whipcord, was applied to its base in the following manner: Two porte-nœuds threaded with the ligature were carried up through the os uteri to the base of the tumour. Then by taking one in each hand, they were made to describe a semicircle around the polypus. The ends of the ligature were now engaged in the *serre-nœud* of Graefe, which being carried up to the root of the polypus, the threads were disengaged from the porte-nœud, and the ends drawn as tight as possible and secured. By means of a screw, the pressure was increased daily, and the tumour destroyed, so that the instrument separated at the end of a week, no constitutional symptoms of consequence having occurred. The patient has menstruated once or twice since, and is now in a good state of health.

Dr. Channing expressed his surprise, at the time, in view of the facts presented by this case, as very high authority has stated that it never had happened, or it was not on record, that a second polypus had followed the removal of a preceding one. This case was of great interest, for in it another polypus had certainly grown from the same womb, presenting all the characteristics of the disease.

Dr. PARKMAN remarked that, although a second polypus might not grow from the pedicle of one removed, still the disease might proceed from another part of the womb. Dr. Warren supposed this was the case in the instance just related.

Dr. Channing added that this idea gets support from the fact that, in Gooch's cases, and in his own, the removal of a small portion, only, of the polypus was as surely curative of the whole, as if the ligature had been applied at that part of the pedicle nearest to the womb; as the umbilical cord will as surely be separated from the abdomen, if any number of inches remain between the ligature and abdomen, as if only one or two remain. Dr. C. thought this of practical importance, as it avoids the pain which sometimes follows on tightening the ligature, from its being very near to the internal surface of the uterus. He thought that the fatal cases which have followed the operation, and in which peritonitis occurred, though reported to be exceedingly rare, might be accounted for by such a mode of applying the ligature.

November 24.—Attempt at Self-Castration by a Lunatic.—Dr. STEDMAN related the case of an Irishman, "affected with melancholia of the deepest dye," who, remaining for months without any improvement, was with difficulty made to eat or speak, and was regarded as imbecile, or nearly so. Very early one morning, Dr. S. was summoned to him, and found one testis partially torn from its envelopes, and blood largely effused. The urinal used by the patient was discovered broken in several pieces, all of which, but one, were quite clean; this being smeared with blood, pointed out the instrument used. Dr. S. said he was surprised to find such a wound made with so imperfect a cutting edge. The wound healed readily, the patient dying some time afterwards of phthisis.

November 24.—Enchondroma of the Ring Finger.—Dr. H. J. BIGELOW presented the specimen, and described the case. The affection was of ten years' standing, its growth, however, mostly within two years, and it occurred in the person of a young man otherwise healthy.

Dr. B. said that it is not yet decided how far enchondroma is recurrent; there are instances of it in the scapulæ and ribs; in enchondroma affecting several fingers, recurrence has been observed. These tumours grow from the centre, and sometimes from the exterior, of the bone, and are occasionally free from attachment. Microscopic examination shows the cartilage to be rudimentary; it is granular, with feebly marked corpuscles. Dr. B. showed, with the tumour, a cast of the hand, and some drawings of the microscopic appearances.

November 24.—Spontaneous Dislocation of the Crystalline Lens in Utero.—Subsequent Inflammation of the Eye. Reported by Dr. BETHUNE.—John F., four years old; soon after birth, the lens was seen by the parents of the child in anterior chamber of right eye; at first light coloured, it has gradually become darker. Sight apparently never good with this eye. Last spring, the eye became inflamed; this subsided, but the eye was again attacked three weeks ago, and now, on examination, the left eye is well; right eye, conjunctiva and sclerotic injected; choroid, generally, shows through the sclerotic, more at a point above the cornea, near which are seen large dilated vessels; pupil largely dilated, fixed. Anterior chamber filled with amber-coloured lens, round, except for a triangular fissure at the lower edge.

Treatment.—One leech occasionally, whenever inflammation is apparently increased, with small doses of castor oil from time to time; simple warm or cold water applications, as most agreeable to the child. Diet and rest. If these means prove ineffectual for relief, the patient is advised to return for extraction of the lens.

Nov. 24.—Cerebral Disease of Peculiar Nature and Severity.—Dr. STORER reported the case. Catherine Sullivan, æt. 25 years, entered Mass. Gen. Hospital, August 30th. Had enjoyed good health until five days previous to her entrance, when, fatigued by a day's washing, she threw herself, while much heated, upon the floor, and fell asleep. Upon awaking, she felt some numbness of the extremities, and a sensation of giddiness. Has since complained of obscure vision, and a difficulty of deglutition, with an inability to guide the muscles of the extremities.

When I first saw her, she was in bed, suffering from great nervous excitement, complaining of dyspnoea and a sense of suffocation, attributable by her

to derangement in the throat. She had a peculiar expression of countenance, produced by a semi-strabismus; when asleep, respiration was stertorous; the skin was moist; pulse 100.

For several days immediately succeeding her entrance, she had at Dr. Storer's visit—and only at that time and upon taking her medicine—a nervous paroxysm, consisting of short spasmodic laughs, or giggles, which were supposed to be symptoms of hysteria, and for this affection she was treated with *anti-spasmodics* and *counter-irritation*.

On September 9th, ten days after her admittance to hospital, it is recorded as follows: Motions of right hand much improved. Was able to dress herself this morning. Less appearance of hysteria now than at previous visits.

Sept. 19th. Complained of nausea this morning previous to breakfast.

20th. Speaks of pain in right forehead, extending to eyes, which she says has existed in a greater or less degree for a week. Apply veratrine ointment. R. Veratria gr. viii; axunge ʒi. M.—Apply to affected part.

21st. Pain in head not relieved. Above seat of pain, a very marked nodosity, which has increased since her entrance. Strabismus increased. Sleep accompanied with stertorous breathing, to such extent, at times, as to disturb inmates of ward. Giddiness upon erect posture. Constant disposition to sweat, which was not noticed until yesterday. Let the head be rubbed with—R. Tinct. cantharid., tinct. capsici, aa ʒj. M.

23d. Less power of motion in right arm. Great rigidity of flexor muscles of this arm and hand, and of right lower extremity.

24th. Limbs even more rigid than before. Great force required to move them from positions.

25th. Rigidity of limbs increased. Nurse represents patient as having been perfectly helpless this morning. Ordered sinapisms to neck and feet, and a pill, once in four hours, of—R. Hyd. chlorid. mit. gr. i; pulv. opii. gr. $\frac{1}{2}$. M.

26th. A sensation of strangling accompanies attempts at deglutition. Strong muscular contractions of fingers of affected hand, thumb being drawn across palm of hand, and covered by the fingers.

27th. Difficulty of deglutition increased. Has swallowed almost nothing since yesterday morning. Apply to nape of neck—R. Emplastr. cantharid. 6 x 3.

28th. Speaks with more difficulty than at any previous period. Yesterday had several attacks of dyspnœa, which were relieved by inhaling sulphuric ether. During the day, succeeded in swallowing half a pint of arrowroot. Pill was administered with the nourishment. It had previously been repeatedly omitted on account of the difficulty of swallowing.

29th. A more comfortable day and night. Suffered less from dyspnœa. Difficulty of deglutition less marked. Greater animation. Rigidity of extremities as before. *Salivation very distinct.* Bowels being constipated, ordered—R. Inf. sennæ compos. ʒii; or, if much difficulty in administration—R. Olei tigllii gtt. i.

30th. Medicine was taken with effect. Had a quiet night. No dyspnœa during night. Less rigidity of muscles. More power of motion.

Oct. 1st. Less rigidity of muscles.

2d. No dyspnœa. No giddiness. Sitting up. Apparently troubled by ptialism alone.

3d. Hysteria more marked since grave symptoms have diminished. Mouth very troublesome. Ordered—R. Potassæ hydriodat. gr. vi. three times daily.

4th. Strabismus increased. Nurse reports patient as walking more naturally to-day than at any previous period. Mouth improving.

7th. No return of unfavourable symptoms. Sitting up, answering questions without any hysteria. Ptyalism still profuse. A marked enlargement of right pupil.

From this time her convalescence has been uninterrupted. Dr. S. left her on Nov. 1st, at which time her nights were good, without the slightest dyspnoea or stertor. Intelligence perfect. No difficulty in deglutition. Walking daily improving. She is constantly moving about the ward, cheerful and happy.

Nov. 29th. Dr. S. visited the Hospital to-day, and extracted the following from Dr. Bowditch's records:—

Nov. 15th. Cephalic, thoracic, abdominal functions well. Sits up all day. Node which existed on forehead nearly gone.

19th. Walked out yesterday.

22d. Catamenia present. *[See page 241]*

December 8.—*Microscopic Appearances in a Section of a Fossil Tooth from a Species of Shark.*—Dr. DURKEE exhibited, under the microscope, a fine specimen of a fossil tooth of the *Charcharodon Angustidens*, one of the largest species of sharks whose remains have ever been discovered. Some months ago, Dr. D. received several teeth of this kind from a friend in Alabama. The largest measured nearly two inches at the base, and were about two inches in length. Dr. D. made a longitudinal section of one of these, and polished it down for microscopical observation. The original structure of the tooth thus treated, was brought as distinctly into view, as if it had been removed but yesterday from the living animal's jaw. The distribution of the nutrient vessels, as viewed with a power of 170 diameters, was exceedingly beautiful, and bore a close analogy to the Haversian canals, and the delicate canaliculi which are seen to anastomose so freely in all true bone.

December 8.—*Cancerous Disease*—Four specimens exhibited by Dr. JACKSON.

1st. Encephaloid of the pyloric portion of the stomach; sent by Dr. Fifield, Jr., of Weymouth. The disease is well marked, and well defined, of a circular form, about four inches in diameter, and rising about half an inch above the surrounding surface in soft, regular masses, which projected beyond the base; situated mainly in the posterior parietes, and within an inch of the pylorus. The patient was a bootmaker, and Dr. J. thought that pressure upon the epigastrium may have had something to do with the development of the disease. He was 48 years of age, and had been long subject to dyspepsia, and constipation; gave up work last February, and had kept his bed since July; became greatly emaciated; and, during the last three weeks, a tumour was felt in the epigastrium; never had much pain. Dysphagia was an urgent symptom, though the disease was far away from the cardiac orifice of the stomach; there was also vomiting one or two hours after taking food. The organs of the abdomen were closely matted together as by former peritonitis, but there was no other encephaloid disease. Dr. J. thought that such limitation of the disease was quite unusual in the case of the stomach.

2d. Encephaloid disease of the uterus, extending into the vagina, and projecting into the cavity of the urinary bladder in the form of a whitish, soft tumour of considerable size. There were, however, no urinary symptoms

recorded during life, or known to the nurse to have existed, as was ascertained by inquiry after the patient's death; a fact which is remarkable, considering the natural irritability of the organ affected; ulceration, however, had not fairly commenced. The surrounding cellular tissue was indurated, and the ureters were much dilated, as so often happens in cancer of the uterus; but there was no other disease in the abdomen. The patient was a married woman, 32 years of age, and had died recently at the Hospital. The disease was marked by most of the usual symptoms, and was probably of at least nine months duration. Previously to this she had had for some months what she regarded as profuse menstruation; there was, however, no hemorrhage after the disease was fairly established, except when she was examined by the speculum or otherwise, at which times she suffered severely.

3d. Scirrhus disease of the uterus; contrasting well with the last case; the ulcerated surface being as dense in this as it was soft in the other; os and cervix uteri destroyed, with the whole upper part of the vagina; ureters dilated as in the last case, though the bladder and surrounding cellular tissue did not seem to be involved. The dissection was made by Dr. J., and all the organs of the abdomen and thorax were examined, but no other cancerous disease was found. The case occurred in the practice of Dr. Cornell, and has been fully reported in the *Boston Med. and Surg. Journ.* for Dec. 10th. The patient was 39 years of age, had suffered from the disease for a year or more, and the case was remarkable for the small amount of hemorrhage, and for the entire absence of pain, though there had been uneasiness about the pelvis. Dr. J. remarked upon these cases as confirmatory of the observation often made, that the other organs are generally healthy in cancer of the uterus.

4th. Encephaloid masses in the upper lobe of the right lung; one of which, situated just beneath the surface, shows the depression in the centre which is so often seen in cancer of the liver; an appearance which Dr. J. has never before observed in the lung, though Dr. Walshe (*Diseases of the Lungs and Heart*) refers to it. The patient was a woman, 45 years of age; and the examination was made by Dr. Ainsworth, who found upon the left side no trace of pulmonary tissue, but in the place of the lung a mass of encephaloid; there had been, however, no dyspnoea, though early in the disease there was much cough. There was also found a large encephaloid mass in the situation of one of the kidneys; the tumour which it formed having been felt by Dr. H. two and a half years ago.

These specimens have all been examined microscopically by Dr. H. J. Bigelow, and appearances characteristic of cancer were found.

Dr. J. remarked upon the "straw-coloured" hue which is so often observed in cancerous patients, and is so generally regarded as characteristic of the disease, that he believed it was generally owing to the natural complexion of the individual. A light-complexioned person will look simply pallid, when reduced by hemorrhage, or labouring under any disease that impoverishes the blood; but one of a dark complexion will naturally retain something of the original swarthy hue, and thus the so-called "straw-coloured" appearance is produced; and it matters not whether it is cancer, or any other disease, that produces it.

December 8.—Croup.—Dr. CHAS. E. WARE reported the following case of croup. Monday, Nov. 24th, he was called to a girl four years old. She had been attacked in the morning with vomiting and sore throat. No febrile symptoms. Her tonsils were of a deep red colour, and somewhat swollen. There

was a distinct patch of lymph on one of them. Her respiration was perfectly free, and her voice natural. Her bowels were moderately moved by a cathartic, and she took a Dover's powder at night. Through the next day she continued in very much the same condition—was up, dressed, and about the room.

November 26th. (Wednesday.) In the morning her voice was a little husky; her skin rather dry and feverish; tongue thin and furred; appetite small; lymph on each tonsil; her fauces and larynx were thoroughly washed with nitrate of silver, one drachm to the ounce.

In the evening her respiration had the decided croupy character. She very rarely coughed, and when she did, there was nothing resonant or sonorous about it. In both backs the respiratory sound was full, clear, and entirely without râles.

27th. (Thursday.) Her voice was gone except in a whisper; her tongue was more thick, and furred; skin more hot and dry; pulse 112; no labour in her respiration; her general aspect good.

28th. (Friday.) In the morning her respiration had become somewhat more embarrassed. She was very restless, and anxious to be carried about. Her pulse was smaller in calibre, and more difficult to count, but not more frequent. The respiratory sound in both lungs was diminished in amount, but clear and free from râles. Through the day, her respiration became more laboured, but she retained a good colour.

Through Saturday she was rather more quiet; respiration not more laboured; appeared to be in less distress, and retained still a fresh colour.

30th. (Sunday.) Her aspect had changed; her face and extremities had become quite livid; her breathing was much more embarrassed; an inspiration sounded as if the air was drawn through a small dry tube. She had vomited, in the night, some thick tenacious mucus, but nothing like membrane; it was spotted with a few specks of blood. In both backs mucous râles were discovered, but no respiratory sound. She gradually sank through the day, and died at 5 P. M. Her treatment was cauterization, Dover's powder with a little calomel in it, and constant steaming by fomentations about the neck. At the autopsy there was found false membrane on the tonsils, fauces, larynx, trachea, and extending down to the primary bronchi. The bronchi, on both sides, were filled with thick, tenacious, purulent mucus, especially on the right. The mucous membrane was intensely red and thickened; the middle lobe of the right lung was carnified and in a state resembling the lungs of a newborn child.

Dr. Ware thought the case presented with more than usual clearness the peculiarities which distinguish this disease from those forms of croup in which no false membrane is thrown out. A slight sore throat with small patches of lymph on the tonsils, without much general disturbance for a day or two before the croupy symptoms began to appear; the trifling character, and husky tone of the cough throughout the disease, and its never presenting that stridulous sonorous tone which Dr. Ware thought characterized the spasmodic croup, or those cases in which there was a simple thickening of the mucous membrane, and which was comparatively rarely heard in genuine croup; the loss of voice as the larynx became involved; the gradual diminution of the respiratory sound in the lungs as the passage for the admission of air became contracted; the lividity, and relaxed condition of the muscles; the restless seeking for relief from the prolonged, increasing suffocation; the absence of respiratory sound, and the appearance of mucous râles in the lungs about twelve or eighteen hours before death, and the then rapid sinking of

the child. There was one point in which this case differed from many others. In rapid cases the child commonly dies from suffocation; then nothing can be more dreadful than its distress for some hours before death. In this case the last day was not the most distressing; as the lungs became affected, the extremity of the dyspnoea was diminished, and there appeared to be a less demand for air. In another case which Dr. W. had recently seen, where the disease was of some days' duration, and pneumonia had supervened, the dyspnoea was not extreme for eighteen hours before death. The apparent relief in these cases might be owing to the exhausted condition of the child, but not he thought entirely. It seemed, when the child was able for a certain length of time to contend with the disease, as if the system adapted itself to the condition of things, and an equilibrium was again established between the respiration and the circulation. If this is so, it is an important practical point to be borne in mind in the treatment, and would contra-indicate the reducing practice which was formerly, and is now, to some extent, pursued. If the effusion of lymph is not checked at the outset, but has extended to the larynx and trachea, and the child can only be relieved by throwing it off, or by absorption; the longer it can be made to live, the better will be its chance, and everything that can be done should be done, in such cases, to support the strength. All depressing treatment should be avoided.

The throat and larynx were thoroughly cauterized with a strong solution of lunar caustic, passed in on one of Green's sponges, twice a day, from the time of the first indications of croup, without any manifest benefit. Lymph was found after death upon parts which must have been thoroughly washed with the caustic. Although this treatment has found much favour lately, and perhaps is more frequently successful than any other, Dr. Ware thought that its efficacy had been somewhat overrated, by confounding the various classes of croup together. The caustic probably does not reach much, if any, below the larynx. Where the disease is limited to this neighbourhood, the treatment, one would suppose, might be very efficient. But such cases constitute, probably, but a very small portion of the cases of genuine croup. Dr. W. had never seen an autopsy of a case of croup in which there was not membrane in the trachea, and in the primary bronchi adhesive mucus or pus, so tenacious as to be almost equally as embarrassing as lymph, to respiration. Upon such cases cauterization could have little effect. They are probably, with very rare exceptions, fatal. Where the disease commences in the throat or larynx, and cauterization is thoroughly applied, it may sometimes arrest the effusion of lymph, and the extension of the disease, and these, so far as he had observed, he thought had been the successful cases. If the disease extended far below, he questioned whether the treatment could have much efficacy. The relief then seemed to come by throwing off the membrane. There was no particular reason to suppose that the application of caustic would promote this process. A certain number of cases got well under the former treatment in this way. There is not such a difference, certainly, in regard to those cases which get well by discharge of the membrane now and formerly, as to make it very probable that the caustic promotes it. He thought that not many, if any, more of this class of cases were saved under the present treatment. How many of those cases of effusion of lymph upon the tonsils, in which croup has not yet appeared, and to which caustic was applied, would have otherwise terminated in croup, he was not prepared to say. Here he should think it very probable was the principal benefit which the introduction of this treatment had conferred upon the profession. It is not very uncommon to see effusion upon the tonsils

where there is no croup. And from the ordinary effect of caustic upon mucous membranes, it would seem probable that a free application of the caustic would check the extension of the effusion downward, and protect some children from the disease who would otherwise have it. It must take a very long experience, and careful observation, to test the real efficiency of the treatment in a disease so few cases of which fall under the observation of any one practitioner, and which is so closely simulated by some of its comparatively harmless forms as readily to deceive the observer.

Dec. 8.—Fracture of the Lower End of the Radius, with other Fractures.—Description of Professor Beaumont's Apparatus, &c.—Dr. J. M. WARREN presented the specimen, which was quite interesting from the fact of the opportunities being rare for observing this fracture in a recent state.

The patient was a man thirty years old, and was brought into the Hospital, having fallen a distance of forty feet through a scuttle to the floor. The following is the Hospital Report:—

"There is now, at six P. M., fracture of the right radius, apparently just above the joint. There is great deformity, simulating dislocation of the wrist backwards. Crepitus distinct.

"The right leg is shortened, by measurement, one and a quarter inches. It is everted, with edge of foot lying flat upon the table. There is distinct crepitus at or near the cervix femoris. When pressing the two iliac crests, they yield sensibly, and give a *feeling* of indistinct crepitus." The patient died at ten P. M."

The pathological appearances of the parts exhibited were as follows: The right radius was fractured transversely half an inch above the joint, with a comminuted fracture extending into the joint. The internal lateral ligament was torn away from its attachments to the ulna, carrying a bit of the bone with it.

The right femur was the seat of a comminuted fracture through the trochanter, and a longitudinal fracture of the shaft of the bone extended from its cervix downwards for four inches. Neither of these fractures communicated with the capsular ligament.

The right sacro-iliac synchondrosis was torn asunder, and the bones forming it, fractured. The ramus of the ischium and pubis was fractured. The lower half of the sacrum and os coccygis were comminuted.

In connection with the specimen of fracture of the lower extremity of the radius, Dr. W. made some remarks on the interesting nature of this accident to surgeons, from the liability to deformity so likely to occur in spite of the best-directed treatment. The various apparatus invented by so many distinguished surgeons, with the object of preventing this deformity, show the importance attached to it. From simply regarding the external appearances presented by this fracture, it was formerly supposed that the bones yielded in an oblique direction; but observation of pathological specimens has shown that it is, on the contrary, almost always transverse, the peculiar deformity arising not so much from the overlapping of the fragments, as from the direction of the displacement by muscular action. Dr. Smith, of Dublin, in twenty specimens which he examined, found the fracture to have a transverse direction in eighteen. In the present specimen it is transverse.

Dr. W. said that he would avail himself of this opportunity to show a very efficient apparatus for making extension in fractures of the lower extremity of the radius, contrived by Professor Beaumont, of Toronto, to whom the

profession is indebted for the invention of many ingenious surgical instruments, some of which have been for a long time in use at our Hospital.

This apparatus consists of an angular splint, made of gutta-percha, adapted to the bend of the elbow. To this is attached a bar of iron, which extends beyond the hand, and is then bent to a right angle. This latter portion has attached to it two axles, with ratchet wheels, for the purpose of making extension by means of cords attached to a leather cap laced to the wrist just above the joint. In addition, there are two small splints adapted to the anterior and posterior part of the forearm.

The following extract from the letter of Dr. Beaumont to Dr. W., describes the method of application:—

"The patient's arm and forearm, having been bent at a right angle, should be placed in the angular splint, and there fixed by a bandage. A piece of gutta-percha, of the shape of the leather cap, may then be softened and wrapped round the carpus and metacarpus, in order to protect the skin from the very painful pressure; and when the gutta-percha has become hard, the cap is to be laced tightly over it, and in such a manner that one loop of the cap shall be on the radial border of the metacarpus, and the other loop on the ulnar border. The strings from these loops may, by turning the axles, be more or less tightened, so as to keep up permanent extension, which will be as nearly as possible in the axis of the broken radius, and the distal fragment will thereby be drawn very nearly into its normal relative position with the proximal fragment. The extension should be so gradually made as to remove the displacement with little or no pain to the patient; but should the extension become painful, it may be lessened by throwing the catch out of the teeth of the ratchet-wheel, and allowing the axle to revolve backwards. The anterior and posterior splints need not be applied for the first week, especially if the distal end of the forearm should be much swollen and inflamed, and as this part may be left exposed in its whole circumference, he can very effectually apply cold evaporating lotions, and can see and feel that the fragments are in their normal relative positions before applying the anterior and posterior splints. These splints are made to reach very nearly to the carpus, and, as you see, are so made as to press most against the interosseous space (so as to preserve its width), and also to prevent pressure in a direction from radius to ulna."

Dr. Beaumont also thinks this apparatus might be found useful in fractures at other parts of the radius, also in fractures of the coronoid process of the ulna, with dislocation backwards, and in fractures of the humerus just above the condyles, when the latter and the bones of the forearm are drawn backwards.

Dec. 8.—Dislocation of the Hip-joint, with other Injuries. Dr. J. M. WARREN.—The patient, a man about thirty years old, was buried under a bank of earth. On being dug out, he was brought to the Hospital about four hours after the accident, and seen by Dr. Warren.

On examination, it was found that he was labouring under a slight concussion of the brain; that the right hip was dislocated, the limb being inverted and shortened two and a half inches. The left testicle had been torn out from the scrotum, and hung suspended by the spermatic cord; it was covered with gravel, and the external tunic was so dry, from exposure, as to crackle like parchment. As the vessels still continued to pulsate, Dr. W. determined to make efforts to preserve it. It was, therefore, temporarily enveloped in a compress wet with warm water. The patient was now placed under the full influence of chloric ether, with a view to the reduction of the dislocation. The

force of the pulleys being applied, although a perfect state of relaxation from the effect of the anæsthetic agent seemed to exist, it required continued effort for ten or fifteen minutes before the muscles concerned in the production of the dislocation began to yield. The limb was gradually brought down, and when the head of the bone came opposite the socket, a slight rotatory movement being given to it, it slipped in with a distinct report. On moving the limb after the reduction, an uncommonly loud cartilaginous crepitus could be heard, and this symptom, in a modified form, continued for five or six weeks after the accident, when the patient was recovered sufficiently to walk about the ward.

Attention was next given to the testicle. The scrotum having strongly contracted, it was found to be a matter of some difficulty to return it, which was finally effected by seizing the scrotum with the fingers, and then forcibly crowding in the testicle, through the wound, with the thumbs, confining it thus until two or three sutures were made in the integuments.

More than two months have elapsed since the occurrence of the accident, and the patient, when last seen, was recovering the use of the injured limb. The wound in the scrotum healed well, and the testicle seems to have suffered but little from the exposure it was subjected to.

The application of the extending force was, in the present instance, made from the ankle, and was found much more convenient than by the ordinary method from the lower part of the thigh. No subsequent inconvenience was experienced by the patient in the knee-joint. He had some pains and swelling in the ankle-joint, a number of days after the injury, but whether it resulted from the accident, which was a complicated one, or was in any way connected with the manner in which the extending force was applied, it was impossible to determine.

December 8.—Hydro-Nephrosis.—Dr. GAY exhibited the specimen, taken from a dissecting-room subject. The kidney, with the pelvis, is dilated into a thin cyst, and about the size of the fist; somewhat sacculated internally, but without any trace of renal structure. Ureter of about the usual size, but ends in a cul-de-sac, within an inch of its origin. The cyst was filled with a thin red liquid, which, having been examined by Dr. Bacon, was found to be a serous fluid, slightly acid, and containing a large amount of albumen; with but little saline matter, except the triple phosphate, of which there is a considerable proportion. No urea, nor uric acid. Specific gravity 1.017. The red colour is owing to hæmatin, not contained in the blood-discs, but dissolved in the fluid. Epithelium cells seen under the microscope. On being heated, the fluid gives out a disagreeable, but not a urinous odour; which last Dr. G. thinks it had when recent. Dr. B. remarked that the triple phosphate was the only substance found that can be considered as belonging to the urine; but that the occasional presence of crystals of this salt on the peritoneum, &c., shows that it may occur in other secretions besides the urine.

December 8.—Taenia Solium, Appearances of the Head of the Worm.—Case reported by Dr. INCHES. The patient was thirty-eight years of age, and a man of intemperate habits. Last April, and during an attack of pneumonia, he passed about $4\frac{1}{2}$ feet of the worm, many of the joints being but very slightly connected; and that was the first knowledge that he had of its existence. In the course of the summer, joints occasionally came away, and especially when he walked fast. About the last of November, he consulted Dr. I., on account of an oppression at the epigastrium; and under the use of medicine he ex-

pelled, in the course of a day or two, a considerable piece of the worm. A few days afterwards Dr. I. was sent for, and found him in bed with ascites. Castor oil and the oil of turpentine were given, and seven feet of the worm were expelled. The ascites continued, general dropsy supervened, and he died about two weeks ago: a granulated liver being found to explain the dropsy.

The dissection was made by Dr. Jackson, and the intestines were opened, a few inches at a time, and carefully examined. Throughout the small intestine there was a great quantity of very tenacious, pasty mucus, much of it being deeply coloured with bile; and, in the large intestine, a considerable quantity of grayish feces; the mucous membrane itself being healthy in appearance. About the middle of the small intestine, and lying free in its cavity, though buried in mucus, a portion of the worm was found, about three inches in length and very slender; and this was the only trace of it that was discovered.

The specimen having been submitted to Dr. Gould for examination, he discovered at once the characteristic appearances of the head of the parasite, the bulging, club-shaped extremity, and the four oval orifices. In the centre was a minute pit, but no marked orifice, and certainly no trace of the coronet of hooks, as usually represented. The fact of the existence of these last has been sometimes questioned; but when not seen, Dr. G. imagines that they are simply inverted, as represented in some of Blanchard's figures, which were shown to the Society (*Annales des Sc. Nat.*, 1848). Dr. G. showed the drawings that he had made of the above appearances as seen under the microscope; and he remarked particularly upon the imperfect division into joints, authors generally describing them as if they were continued quite to the head, and even Blanchard representing them as much more distinct than they are seen to be in the present specimen. For the first three-fourths of an inch or more, there is no trace of joints; after which they begin to appear upon the edges, and gradually come to extend quite across, being at first exceedingly short. Dr. Jackson remarked upon a statement made by Blanchard, that with some exceptions the genital orifices open alternately upon different sides in the successive joints, conformably with the general descriptions. Dr. J., however, has always found greater irregularity in this respect, and is inclined to regard it as an accidental circumstance, whether they open upon one side or the other; the orifices being sometimes upon the same side of the parasite, for ten or twelve successive joints.

December 8.—Tumour from Submaxillary Region.—Dr. H. J. BIGELOW exhibited the tumour which he removed, on Saturday last, from a boy of 11 years, at the Hospital. Its growth had been rather rapid; five months in attaining the size of a medium potato. It came on after an attack resembling mumps. The patient, likewise, had struck his face against a tree; a swelling, under the integuments, soon arose, of the size of a bean; when examined, previous to its removal, it had not the knobbed feel of non-malignant growths. On dissecting up the integuments, it was found to adhere very closely throughout, the fibres being interlocked with those of the masseter muscle. A large, bifurcated, nutrient artery required a ligature on each branch. Dr. B. regards the tumour as encephaloid in its nature. The microscope reveals, chiefly, cells similar in size to pus globules, with nuclei and nucleoli. Dr. B. showed two daguerreotypes of the patient, taken before the operation.

December 8.—Strangulated Hernia. Importance of an Early Resort to the Operation, the Taxis failing.—Dr. H. J. BIGELOW reported the case, which had

recently occurred. A lady, 66 years of age, for many years the subject of crural hernia of the right side, which she had been able to reduce herself, got it strangulated; the hernial tumour came down at 8 o'clock A. M., and pain commenced at 11 o'clock A. M. Taxis ineffectual, even in the etherized state. The operation, at 7 P. M., discovered a tense, strongly girt, maroon-coloured loop of intestine, which was reduced; the pulse, that night, 96; next morning, 84. Bowels open, *naturally*, the night of the operation, and since. There was no vomiting. Dr. B. remarked the advantage of an early resort to the operation in cases of strangulation, when taxis, once fairly tried, is ineffectual.

December 8.—Croup.—Compound Tincture of Chloroform as a Remedy.—Dr. STRONG was consulted, late on Sunday evening, in reference to a case of alleged croup. The parents had been familiar with the disease. After inquiring respecting the symptoms, it was thought best to send directions for the treatment, with the understanding that it should be tried, and if without any relief, Dr. S. was to be summoned in the night—otherwise to visit next morning. The child is about two years old. The prescription for the night was *hydrargyri subsulphatis* ʒss; *pulvis ipecacuanhæ* ʒj; *pulvis ipecac. et opii* gr. vj; *misce et div. in chart. no. vj*; one powder to be given every fifteen minutes until free vomiting was induced; the feet to be first placed in warm water; and in case of no relief, or if there should be a temporary relief, and then a return of symptoms, the same to be repeated after an interval of two hours. Dr. S. saw the child the next forenoon, and learned that the emetic had been taken, with some temporary relief; the child, at his visit, had quick, laborious breathing, with a croupy cough, aggravated from time to time, and the peculiar, dry, sonorous character of the respiration incident to the worst forms of croup; the countenance, at times, livid. The throat, carefully examined by sunlight, showed white lymph upon both tonsils and over the fauces. Having treated other cases like this without avail, Dr. S. was strongly impressed with the idea that the child would die, and so expressed himself. A cathartic was prescribed, the bowels being confined; and compound tincture of chloroform was freely applied, by cloths saturated with it, to the neck, and the fauces and tonsils were wetted with it by means of a linen "swab." The cloths were re-moistened, and applied as soon as they became dry; and this was persevered in through the day, the applications and swabbing being attended to perhaps as often as once an hour. At a visit made that evening, the same treatment was directed for the ensuing night, with the addition of a grain of Dover's powder, which was to be repeated every two to four hours, as the symptoms were, or were not, urgent.

Next morning the child was better; there had been no attacks of severe dyspnoea; and there were intervals when the breathing was nearly natural. The same treatment was still continued; the application to the throat to be made at longer intervals: in the evening of this day all the croupy symptoms were gone, and the child recovered rapidly. Auscultation detected evidences of bronchitis.

The compound tincture of chloroform has been used by Dr. S. in incipient inflammations—as in bubo, in inflamed glands of the neck, paronychia, and deep-seated inflammation of the hand; also, in inflamed and ulcerated gums; and, so far, with most marked advantage.

Dr. HENRY J. BIGELOW asked whether the emetic medicine or the tincture should be considered the curative agent?

Dr. Strong replied that the emetic caused only a temporary alleviation of

the symptoms; he added, that the tincture was used of the full strength; it contains some tannin.

Dr. DURKEE inquired if Dr. S. would apply the tincture to the *affected parts* in cases of "sore mouth?"

Dr. S. applied affirmatively.

December 8.—Chronic Bronchitis—Dilatation of the Bronchi.—Dr. BOWDITCH reported the following case: A girl of 13 years, stout, plump, and generally in good health, but liable to a cough with purulent expectoration, from the age of three years, was the subject. This cough followed a mild attack of measles, and had been constant ever since, save for a few weeks while the patient was residing in Maryland. During all the time that she remained there (several months) she had less cough than when at the North; but it never wholly left her, except as named above.

At times she had been a great sufferer, and had been confined to the house with aggravation of symptoms, some febrile exacerbation, and more cough, and expectoration of a half pint or more of purulent mucus, daily. On entrance at the Mass. Gen. Hospital, she was raising this amount, uniformly opaque, and raised with the utmost freedom. A slight effort only was required to enable her to expectorate. Her functions, generally, were well performed, and she was able to sit up and move about, without much apparent difficulty. On percussion, less resonance over whole of left back than in the normal state. Tubular respiration and great resonance of voice in the same region. Similar resonance and tubular respiration at the middle of the back, extending somewhat towards the apex of the lung. On inspection, the left scapula was nearer to the vertebræ than the right one, and its lower angle was lower, but in no other respect was there any difference between the two sides.

Dr. B. regarded the case as one of dilated bronchi, and not of phthisis, as had been supposed before patient's entrance at the Hospital. The length of time the cough had lasted, the extensive tubular respiration, with little or no alteration of the health, were his reasons for this opinion.

December 8.—Medical Jurisprudence, &c.—Dr. STORER asked the indulgence of the Society for a few moments, while he referred to a subject of a personal nature. He observed: "A few months since, I had the honour to address the Massachusetts Medical Society upon the subject of Medical Jurisprudence. While dwelling upon the responsibilities of the physician when compelled to be present in a court of justice, I made the following remarks: 'The most painful duty a medical man is called upon to perform in a court of law, if the ends of justice absolutely require it, is to divulge the secrets of his patients, reposed in him in the course of professional confidence. However great may be the struggle within him—however willing and ready he may feel to make almost any sacrifice, save that of his integrity, to keep forever locked in his bosom what was sacredly deposited there, the laws of his country are paramount to all other bonds.' And after adducing Lord Mansfield's charge to Mr. Hawkins, in the trial of the Duchess of Kingston, I continued: 'Thus there is no appeal. Those facts must be stated which are necessary to further the ends of justice. The greatest caution should be used, however, to prevent anything being made public, that can be suppressed, which can wound the feelings or injure the reputation of a patient. Even the members of the bar look with pity and contempt upon the medical witness who voluntarily exposes any professional confidence.'

"For such opinions, a writer in the last number of the *Charleston Medical Journal* has taken umbrage, and seen fit to write me quite a homily upon the subject, as follows: 'We regret exceedingly that we are forced to take exception to, and enter a protest against, the views expressed by Dr. Storer, in reference to the alleged obligation of the physician to reveal secrets that are intrusted to his professional safeguard. For the honour of the profession, we trust that Dr. Storer's opinions have received the concurrence of no one; for, if practically adopted, they would soon bring our noble, our divine calling, into merited disrespect and obloquy.' And again: 'Admitting that the laws of some, if not all countries, make it compulsory on physicians to divulge all secrets which come to their knowledge, we maintain that the binding force of the *moral*, to preserve them, far transcends that of the *legal*, obligation to reveal them; and let it not be said that this is a practical application of the political 'higher law' doctrine, at present held by a few fanatics in the United States, for there is not the slightest similitude of the one to the other.'

"Had these remarks emanated from any other source, I might have felt called upon to repel with contempt the insinuation, even, that I would at any time express an opinion, which, 'if practically adopted, would soon bring our divine calling into merited disrespect and obloquy.' But I have not the heart to cherish an unkind feeling—I will not allow myself to make a remark which can be so construed, towards any member of our profession in that city, where your delegates were lately received with the most unbounded kindness and hospitality, and the remembrance of whom awakens in my bosom the most grateful associations.

"I would merely observe that, in a conversation with Professor Greenleaf upon the accuracy of my remarks, he assured me that I was perfectly correct, that the ground I assumed was the right ground—and, at the same time, stated that he had devoted but a *single line* to the subject in the last edition of his *Law of Evidence* (vol. i., p. 316, section 248), because, to use his words, he considered it as 'settled law.'

"To my reviewer I would reiterate my assertion, that I know no higher law than the law of the land—it is supreme."

December 22.—Gouty Deposit.—Dr. JACKSON showed the specimens, taken from a man who had been much subject to gout, and who had died recently at the Hospital, of Bright's disease. Both great toe joints, and the metatarso-cuneiform look as if a fine white powder had been sprinkled over the free synovial surface. There was also immediately beneath the skin, over one of the great toe joints, a white pasty deposit, in a sort of cavity about one and a half lines in diameter, with a trace of the same deposit in the neighbouring cellular tissue. The other joints were not examined. The deposit was examined by Dr. John Bacon, Jun., who found it to consist of the urate of soda, with a little chloride of sodium and phosphate of lime, and a considerable proportion of animal matter. Microscopically, it had a granular appearance, but contained no distinct crystals. Dr. J. remarked upon this as being the first case in which he had seen this deposit.

December 22.—Croup Fatal on the Fourteenth Day, and after the Expectoration of the Membrane.—Dr. JACKSON exhibited the specimen, and reported the case, which occurred in the practice of Dr. Weld, of Roxbury. The patient was a little girl, six and a half years old, and had, from the first, aphonia, ringing cough, hoarse breathing, and fever. On Thursday, which was the

fourth day of the disease, the throat was examined for the first time, and lymph was seen. On Friday the child began to expectorate the membrane, and continued to do so almost daily until the following Tuesday; a tubular portion, about one and a half inches in length, and apparently from the trachea, being at one time thrown off. A solution of the nitrate of silver was applied freely to the fauces.—The examination was made yesterday by Dr. J., who found ulceration of the tonsils, with traces of lymph, in the larynx and fauces, only. Throughout the trachea, the mucous membrane was of a deep red colour, and had the appearance of erosion and thickening, somewhat as in the case of granular conjunctivitis; several of the bronchi were similarly, though less affected, most of them being unchanged; nothing of the kind was observed in the larynx or fauces. So far as the inflammation extended, the membrane was smeared over pretty thickly with a thin, reddish, dirty-looking pus; the secretion in the bronchia being generally puriform and not coloured, and there being nowhere any of the transparent, viscid secretion usually seen in croup.

Dr. C. E. Ware remarked, in connection with a case of croup which he reported at the last meeting of the Society, that he did not consider the brazen ringing cough as characteristic of the membranous form of the disease. The observation was confirmed by Dr. Jackson, who thought it rather a favourable sign than otherwise, and as indicative of a spasmodic state of the parts; the vocal cords being, as it would seem, in a less favourable state for the production of the sound in question, when covered with lymph.

December 22.—Old and extensive Osseous Disease—Contraction of numerous Muscles and Tendons—Division of these and Amputation of the Leg.—Dr. PARKMAN presented the bones of the ankle, and gave the following history. A man, aged forty-five, came under his care at the Hospital, having been bed-ridden a number of years, presenting the following appearances. The thighs were flexed at a right angle upon the trunk, and extension rendered impossible from contraction of the sartorius, rectus, and tensor vaginæ femoris muscles of either side: the legs were also bent on the thighs at a right angle, and extension was impossible on the right side from bony anchylosis, consequent upon old disease of the joint, many pieces of bone having been discharged in past years from openings, the scars of which were still evident; on the left side, extension was equally impossible, from contraction of the ham-string muscles. The bones of the right ankle-joint were extensively carious, as shown by a probe admitted through numerous fistulous openings. Over the superior posterior spine of the left ilium there was a fistulous opening, and the probe detected a movable sequestrum, of the size of a large bullet.

Within the space of three months, at several operations, the contracted tendons and muscles were all divided, the thighs made straight upon the body and the left leg upon the thigh, the sequestrum from the back removed, and the right leg amputated. The patient was discharged very much improved in his general health, from the removal of such causes of irritation, and his limbs were in such a situation as to furnish a hope of their future usefulness.

The bones of the ankle from the amputated leg present a fine specimen of old caries, the result of tubercular deposit, and are preserved in the Society's cabinet.

December 22.—Scirrhus Tumour.—Dr. MINOT exhibited the specimen, which was of about the size of a large chestnut. The patient was a woman of eighty years, whose right breast had been removed by Dr. J. M. Warren,

for carcinomatous tumour, four years ago. Since that time she had no symptom of return of the disease, until about a year ago, when she perceived a small, hard lump in the cicatrix left by the operation. It was, at times, quite painful, and continued to increase slowly in size, until its removal, on the 20th of December.

Dr. Warren remarked that the case was an interesting one, on account of the age of the patient and the great length of time during which the disease had existed, without producing any apparent general effect upon the system. He removed the breast in October, 1847, at the Massachusetts General Hospital, at which time the patient gave the following account of her case. That she had always enjoyed good health, with the exception of the present disease; when quite young, a "boil" formed near the nipple of the right breast, which, after discharging, left a permanent induration at the spot. This induration gradually increased, and had troubled her more or less for the last *twenty* years. At the time of the operation, the whole breast seemed involved in the disease, the nipple was retracted and a bloody serum issued from it. The edges of the wound were brought into apposition after the operation, and healed without any untoward symptom.

Dr. Warren mentioned another instance of recurrence of cancerous disease, lately observed by him in a woman of sixty-five years. Eleven years ago he was called to the patient, who had been tampered with by a "cancer doctor." Dr. W. removed the tumour then existing, together with some indurated axillary glands. For ten years she was perfectly well. Dr. W. then had occasion to remove a small mass from the cicatrix. Milk remained in this breast for three years after nursing her last child, and there was none in the other breast. Habitual obstinate constipation, even to the extent of sixteen days without an evacuation of the bowels, accompanied by nausea, afflicted the patient.

Dec. 22.—Molten Lead poured into the Ear with Murderous Intent.—Reported by Dr. ALLEY: the patient being at New Orleans, in the Charity Hospital, under the care of Dr. WEDERSTRANDT. A man, after a fit of intoxication from whiskey, awoke up with an uneasy sensation about his head and right ear. On examination by his physician, it was found that a quantity of melted lead had been poured into his ear while he was in a state of insensibility; it occupied the meatus externus, and how far inward it had extended it was difficult to determine. The lead was so firmly imbedded, however, that it was proof against extraction by the most skilful efforts. The man did not complain of excruciating pain, but was anxious about the final result. The opinion expressed at the time was that there was no immediate danger to the man's life, but apprehensions were entertained that inflammation would be lighted up by the presence of the lead in the surrounding structures, which, if propagated to the brain, would, without doubt, be productive of serious results. The opinion rested in part on the invaluable observations of Abercrombie and Watson, both of whom dwell particularly on the danger and frequency of inflammation of the brain and its membranes supervening on otorrhœa and caries of the bones of the ear. Bearing in mind the anatomy of the ear and the thickness of the petrous portion of the temporal bone, and also the rapidity with which lead cools, and the difficulty of causing it to run through small openings, no danger was apprehended of its coming into immediate contact with the brain by taking the course of any foramina of the internal ear. The man remained a week or two in the Hospital, and all he complained of, during that time, was deafness in the ear affected, with obtuse pain and

palsy of that side of the face, the result of injury of the portio-dura of the seventh pair of nerves.

He finally left the Hospital, and resumed his occupation as a labourer on the wharf, and came occasionally during several months to visit his physician, the lead always remaining firmly fixed in his ear, accompanied with a profuse purulent discharge. It was supposed that suppuration would in time be established, whereby the lead would be loosened, like any other foreign substance, and be expelled from its situation. About three weeks since he returned to the Hospital, the lead still in his ear, although seventeen months have elapsed since the accident.

Feb. 9.—A letter from the house-surgeon, Dr. W., under date of January 26th, represents that the man called at the Hospital early in January to obtain medical advice. He was nearly in the same state as at the last report, able to follow his occupation as a daily labourer. The paralysis of the right side of the face, the pain on that side, the discharge from the ear, were the same—but there was a difficulty in closing the eyelid on the palsied side, which caused a profuse lachrymation. The lead could be distinctly felt, and was as firmly impacted as ever. A fungous growth occupied the meatus externus. Dr. W. justly remarks, that considering the length of time which has elapsed since the accident, it is remarkable that the lead should not have been loosened, or that inflammation of the membranes of the brain should not have been occasioned by the presence of a foreign body, which was only separated from them by the petrous portion of the temporal bone.

Dec. 22.—*Sudden Disappearance of a Tumour in the Breast.*—A woman applied to Dr. CHAS. E. WARE in the seventh month of pregnancy. She had a tumour in the right breast, which she had first observed about two years before; it was then about the size of a hazelnut. As it gave her no inconvenience, she paid no attention to it. About six weeks before she applied to Dr. Ware, she noticed that it was increasing, and she began to experience sharp lancinating pains in it.

When Dr. Ware saw it, it appeared to be about half the size of a pigeon's egg, situated in the right breast, about an inch and a half from the nipple, towards the axilla. It was pretty well defined, and not tender on quite rough handling. There was a blush of red on the skin over it; but that, the woman said, had come on that morning, and was owing to the pressure of her dress. She was too large and fleshy to enable one to decide whether the tumour was in the gland or over it. The skin did not move very freely over it, although it did not appear to be involved in the disease. The glands in the axilla were not in the least degree swollen or tender.

Considering the uncertainty of its nature, the objections which there would be to removing it during lactation, should it be found necessary or expedient, the danger of delay if it should be malignant, and its apparently isolated character, she was advised to have it removed. She hesitated about the operation, and in about three weeks the tumour had entirely disappeared without treatment.

Dr. Ware also alluded to a case which he had reported to the Society some years since, of a small tumour of the side, which had existed for about twelve months, and which was increasing in size. The woman, however, preferred the advice of a mesmerist, who recommended her to touch it with her own saliva daily. She got rid of the tumour in about a fortnight. Probably the active condition of the tumour which induced the patient to apply for advice, was the cause, in both instances, of its removal.

January 12.—Angina Pectoris.—Dr. JACKSON exhibited the heart taken from a patient whom he had recently examined, and showing extensive ossification of the coronary arteries, without any other change excepting an atrophy of the ventricular portion of the organ; which last, as has been remarked by various writers, is probably owing to the diseased state of the nutrient vessels and the imperfect supply of blood. The case occurred in the practice of Dr. Webber, of Cambridgeport, and the patient was an old lady, 70 years of age, very fleshy, and had been subject, for five or six years, to paroxysms of great distress about the region of the heart, with numbness down the left upper extremity, lividity, and feeble pulse, obliging her to give up all active exercise.

The large intestine was loaded with fat, and, as frequently happens when this is the case, the mucous membrane formed numerous little herniary sacculi, many of them extremely thin, and some containing masses of indurated feces, as calculi are sometimes found in a sacculated urinary bladder.

At the next meeting, Dr. Jackson reported a hospital case that he had since examined, and in which the coronary arteries were ossified, but without any cardiac affection, so far as was known during life; though, after the patient's death, his wife reported, on inquiry, some symptoms that may have been referable to the heart.

Intussusception fatal, without complete Strangulation.—Dr. SNOW exhibited the parts, and read a full history of the case sent by Dr. COTTING, of Roxbury, in whose practice it occurred. The patient was a healthy male infant, six months old. On Thursday, P. M., the 8th inst., it had two small, loose dejections, with traces of blood; about midnight, a large, loose, mucous, and bloody dejection; and towards morning another, without pain. On Friday morning, Dr. Cotting found it slightly unwell, with restlessness, nausea, and occasional distress, which was referable to the bowels. Hyd. c. creta was given; and, for the night, Dover's powder. On Saturday morning, the distress had greatly increased, but without any marked heat, tenderness, or fulness of the abdomen; slight retching; no dejection; restlessness and thirst greater, and pulse very rapid. Half an ounce of castor-oil was given and retained. At 2 P. M., it was found moribund, gasping, and gagging. Had had a pretty large fecal and bloody dejection between 10 and 11 o'clock, after which the abdomen began to swell, and became greatly enlarged. Intussusception was diagnosed, and several attempts were made to force water up into the bowels, but without effect. Just before death, which occurred at 6 P. M., it threw off a little thin liquid, but it could hardly be called vomiting; and this was the only time that anything was thrown from the stomach during the attack. Neither was there ever any proper tenesmus; though throughout the last day there was very frequent and sudden action of the abdominal muscles, a sort of incomplete, abruptly-terminating strain.

On dissection, the ileum was found to have passed through the cœcum and into the ascending colon; the whole lying about over the right kidney, and red from increased vascularity, but soft, and so far from being strangulated as to be withdrawn by very slight traction. Appendix cœci scarcely involved. Upon the inner portion of the intestine, Peyer's glands were as much developed as in typhoid fever, being quite soft, with some red points and some lymph upon the surface, which was very irregular; the mucous membrane itself being not remarkable. Upon the middle portion the mucous membrane was moderately red and rugous for about half its extent from the free extremity, but

without much mucus, and with no blood or lymph. The passage through the intussusception, before it was withdrawn, seemed sufficiently free; the intestine above being filled with liquid, and that below comparatively empty.

Disease of Knee-joint, of twenty years' duration—No treatment during that period—Amputation.—Dr. H. J. BIGELOW showed the specimen, lately removed by him from a young man who had gone about with it nearly all his life, suffering, comparatively, but little pain. The cartilage had undergone the so-called "pulpy degeneration," and, in several points, the bone was denuded. Dr. B. remarked that, previously to amputation, he had spoken of the occasional deceptiveness of the fluctuating feel, as indicative of the presence of fluid; but he had not supposed it deceptive in this case. On examination, however, no fluid was found; but a *deposit of fat*, infiltrated with serum, existed between the patella and the tibia, two and a half inches thick, and by this was the fluctuating sensation caused. The patient is now well, with good union of the stump.

Dr. Bigelow also reported the two following cases, and exhibited the specimens:—

First. *Peculiar fusiform tumour occupying the whole left thigh.* The patient was a female; the swelling, twenty-four inches in circumference at its largest part, gave to the touch a sense of ascitic fluctuation; its surface smooth; originally small, it had existed for seven months, with but slight pain.

Exploration by acupuncture furnished two teaspoonfuls of watery blood; a few days afterwards, a small incision made in the lower portion of the swelling allowed the finger to reach a mass of a placental feel, and a jet of blood, and then coagula, followed its withdrawal.

There had been little doubt as to the existence of encephaloid disease, but no indications of this were detected by microscopic examination. After the above operation, the patient, previously much reduced, suffered an increase of an inch in the tumour within twenty-four hours, and died during the subsequent week. The *post-mortem* appearances were: 1st. A sac filled with blood and coagula, the before-mentioned fusiform swelling. 2dly. The femur, stripped nearly bare of muscles, was abraded in one or two spots near the trochanter minor, and a small hole was discovered, piercing its shaft, the medullary cavity highly inflamed throughout, and traces of inflammation running into the cancellated structure of the femoral extremities. No free pus discovered.

Dr. JACKSON remarked the apparent encephaloid nature which one portion of the discharged material exhibited.

Dr. Bigelow replied that this had been carefully examined by him under the microscope, and that it was concrete pus.

Dr. INCHES mentioned a case, somewhat analogous, arising from over-exertion of the limb; the swelling fusiform; pus was finally discharged. The patient is now thought to have necrosis.

Secondly. Dr. BIGELOW presented a specimen of *Osteoid Cancer of the Femur*, taken from a man of 22 years, who, while going up stairs, "felt something give way," and soon after noticed a tumour in the ham, which grew rapidly, but was without pulsation. Leeches applied by the patient were ineffectual. Dr. B. saw him in the country, and, pronouncing the disease malignant, advised amputation. Previous exploratory incision detected cancerous tissue. The operation was done. This tumour, like the former, was fusiform; no disease of the knee-joint.

On sawing the bone, Dr. B. found what he had never previously seen in

the recent state—true osteoid cancer; a mass of friable, porous, fine structure, corresponding in appearance to pumice-stone; its consistence chalky.

This disease has been known to return upon the system as bone, in various organs, as the lungs, veins, &c. Dr. B. pointed out a nodule of encephaloid matter in sound medullary tissue, half way up the shaft of the femur, which showed the mode of return and propagation of the disease in the continuity of a bone.

Incisor Teeth from the Lower Jaw of a newly-born Child.—Dr. GOULD presented these, which were loose in the jaw, and, causing irritation to the child's gums and to the mother's nipples, were removed.

Dr. G. said that Dewees mentions having seen but one case of the kind. It is stated that children born thus are short-lived. The teeth, in this instance, are of the size usually observed in children of 18 months.

Decidua in an Unimpregnated Uterus.—The case occurred in the practice of Dr. GREENE, who was called to the patient when she was in a state of stupor, having taken, it was said, about an ounce of the oil of tansy, and from the effects of which she soon died. She was about 25 years of age, a woman of dissolute habits, and, according to her sister's report, considered herself pregnant, as there had been vomiting, with suppression of the catamenia, for the last three months. Besides the large dose of poison, there was reason to suppose that she had been taking smaller doses occasionally during the last month.

The dissection was made by Dr. Ainsworth, and the parts were exhibited to the Society by Dr. Jackson. The uterus is not enlarged, but there is the vascular and softened, or rather flaccid condition that belongs to the gravid state. The body and fundus are lined by a decidua, which Dr. J. remarked upon as perfectly resembling that which he has found in at least three cases of early pregnancy. This structure is evidently a change to some depth of the inner surface of the organ, and not a newly-formed membrane; being two lines or more in thickness in the body, and becoming quite thin at the fundus and towards the cervix, at the upper limit of which last it terminates. It has a pulpy look and feel; an appearance, upon the cut surface, of very delicate and perpendicular striæ; and upon the free surface the punctated appearance that characterizes the true decidua, and that is seen so frequently upon the fragments of this structure that come away with the ova, in the case of early abortions. A single incision has been made through the organ by Dr. A., but nothing like an ovum has been discovered.

The left ovary is large, flaccid, and contains a spurious corpus luteum about the size of the top of the forefinger; *i. e.* a mass that consists mainly of coagulated blood, and is surrounded by a buff-coloured disk. The blood is not quite recent, judging from the consistence and colour, which last is not quite uniform. The colour of the disk resembles that of the true corpus luteum; but it is less lobulated, and varies in thickness, at different parts, from an almost inappreciable thickness to not more than half a line; there is, moreover, no appearance of a living membrane within it. A well-marked serous cyst is also seen, of an oval form, and equal to one-third of an inch in diameter; this contained an old, brown coagulum, but there is no trace of a buff-coloured disk about it. The other ovary is in a perfectly normal and passive state; and in neither of the two organs is there anything like a true corpus luteum. The left Fallopian tube is completely obliterated by old adhesion just at its fimbriated extremity, so that impregnation of the corresponding

ovary could not possibly have taken place; the mucous surface being of a deep red colour, and smeared over with a whitish puriform fluid. The other Fallopian tube is quite normal.

Encephaloid Disease of the Peritoneum. Hæmatoid Variety.—Case reported by Dr. PERRY. The patient was a large, fleshy, and healthy woman, 63 years of age; had been ailing for about one or one and a half years, but without any marked symptoms. Attended to her domestic affairs until three months ago, when the abdomen was found to be enlarged, and she was thought to be dropsical. Three weeks before death she was taken with dyspnœa and distress in the chest, and sent for Dr. Perry. The abdomen was enlarged as in the latter months of pregnancy, and fluctuated very distinctly; the lower extremities were œdematous; the complexion had a pale, sallow hue, and cancerous disease in the abdomen was diagnosticated. The dyspnœa recurred in frequent paroxysms, and in one of them she died; no especial cause being found for this symptom.

The dissection was made and reported by Dr. Jackson. The peritoneal cavity was filled with tumours, growing as it were from the membrane, and without involving the subjacent parts; varying, generally, from the size of a pea to nearly that of the fist; more or less pedunculated, and of a well-marked encephaloid character. The largest were more or less mixed with liquid blood; this and the pulpy encephaloid were, in some of them, in about equal proportions; and in two or three cases nothing whatever was found but a cyst filled with blood. The most prominent object, however, was a large cyst in the middle of the abdominal cavity, probably not less than a foot in diameter, and containing by measurement eleven pints of dark-coloured and perfectly liquid blood. The parietes of this cyst, which had generally but a slight connection with the surrounding parts, were dense and averaged nearly a line in thickness, with some thin layers of encephaloid upon the outer, and some upon the inner surface. There was also upon the inner surface a coarse, friable, granular deposit, varying from two to four lines in thickness; many parts, however, were nearly or quite free from it: this was probably coagulated blood, and with this exception, and a small coagulum in one of the other tumours, there was not a trace of coagulum to be found in any one of the masses. Encephaloid disease was also found in the liver, but in no other organ of the abdomen or thorax. There was no ascites, which so generally accompanies this form of carcinoma.

Dr. BACON, having taken some of the liquid blood for examination, found granular exudation-corpuscles and irregular masses of granular matter, in addition to the usual corpuscles, but no coagula of fibrin, the blood-disks retaining their normal shape. The blood is feebly acid, but no signs of coagulation are obtained by neutralizing it with ammonia. Amount of albumen sufficient.

62 *January 26.—Material contained in a Tumour upon the Thigh of a Boy—its Character, &c.*—Dr. H. J. BIGELOW showed some of the contents of a swelling upon a boy's thigh, which came on after carrying a heavy burden that rested continuously for some time upon the spot where the tumour subsequently appeared. The affection was of three weeks' duration. The material exhibited was almost exactly the same in appearance and characteristics as that shown by Dr. B., at the last meeting, from the thigh of a female patient. The masses, looking like encephaloid matter, were undoubtedly pus mingled with coagulated blood; there was no malignant disease; the bone, at the seat

of the swelling, was denuded; the popliteal artery laid bare. When the tumour was first opened, fluid blood first issued, then coagula.

Dr. BIGELOW also presented to the Society's notice a *fibro-plastic tumour* which grew from the anterior walls of the abdomen, and resembled in shape a long Carolina potato. Situated near the inguinal ring, it was not connected with it; it was hard and knobbed. Extirpation advised and done. Throughout its whole extent, the mass was very closely adherent, and held in a network of tissue similar to its own, the cells of both being exactly alike. This latter fact explains the occasional reproduction of such growths, after extirpation. The nutrient vessel was on the side of the skin. Two beautifully executed drawings of the tumour, *in situ*, and after removal, and also some microscopic delineations of the cellular structure, were shown by Dr. B., with the specimen.

Dr. BIGELOW likewise described the following case, intending to show the specimen at the next meeting:—

Necrosis of the Maxillary Bones; of the Nasal Plates; and of the Sella Turcica, resulting from the Fumes of Phosphorus.—In March last, a man with an immensely swollen lower jaw, and highly inflamed tongue and gums, presented himself to Dr. Bigelow for advice; diagnosis difficult. Leeches were ordered. Dr. Bigelow left town soon after for Europe, and in a fortnight after, Dr. Gay saw the patient. The parts affected had now opened, and a probe detected dead bone. The man entered the Massachusetts General Hospital, his health continuing to fail; remaining awhile, he left, to re-enter, some time afterwards, and was found there by Dr. B. on his return.

In December last, drowsiness supervened, and, finally, a comatose condition, lasting for three days, when death occurred in January. *Post-mortem* examination discovered the lower and upper maxillæ extensively necrosed, the nasal cavity invaded by the same disease, and also the sella turcica. The meninges inflamed; the arachnoid opaque near the sella turcica. The patient had been engaged in the fabrication of friction matches, and thus exposed to the fumes of phosphorus, which at last caused the disease.

Dr. Bigelow said this was the first case of the sort he had known to occur here. It has been reported in Europe.

Degeneration of a Fibrous Tumour of the Uterus, with Encysted Disease of the Ovary.—Case reported by Dr. STEDMAN. The patient was a married woman, 45 years of age, and died of some pulmonary affection, having had no symptoms of uterine disease. She was confined, for the last time, six years ago, and then had twins. Menstruation regular, nearly till the time of death; occasionally very scanty; and when this was the case, she usually had hæmoptysis.

The tumour is about one inch and three-fourths in diameter, quite defined, surrounded by a cretaceous shell, and has throughout a dead, yellowish-white, opaque appearance, with some brownish discoloration. It is rather dryish than otherwise, and quite as dense as any fibrous tumour, though the fibrous structure is less marked than it usually is.

No trace of the left ovary is seen; but in the place of it is a thin and simple serous cyst, nearly two and a half inches in diameter. Upon the other side is a collection of cysts, forming a mass nearly twice the size of an English walnut, upon the surface of which the thin, flattened, dense, atrophied remains of the ovary are spread out.

Dr. Jackson remarked upon this change of structure in the fibrous tumour as the result of an arrest of growth, and probably of atrophy; he has met with

the appearance three or four times, but has never seen it described. The condition of the ovaries he thought remarkable, in connection with the persistence of menstruation.

Anomalies of the Arteries; Brachial, Thyroid, and Renal; all from the same subject.—Dr. KNEELAND showed these specimens, consisting of high division of the radial artery on each side—on the right, from the brachial, on the left, from the axillary artery; the brachial artery dividing at the elbow into ulnar and interosseous; the middle thyroid artery, given off from the arteria innominata, running up the median line of the trachea; this is important, as in the operation of tracheotomy it might be wounded. The kidney of right side had two renal arteries; the left kidney normal. The specimens were all from a boy about five years of age.

Syphilitic Disease of the Eye. Cases reported by Dr. BETHUNE.—CASE I.—Mrs. D., 40. Health good till one and a half years ago, when an eruption appeared on the skin, considered by her medical attendant to be syphilitic, both from its appearance and from other circumstances, though an exact history of her primary symptoms could not be obtained.

One year ago, she was attacked with inflammation in both eyes. She recovered from this with the exception of a weakness of the eyes, which still existed in a degree when, four weeks ago, the *left* eye was attacked with pain, redness, &c. Of late the pain has abated. She has taken mercury for this attack, so that the gums have been much affected, and still continue sore. Now, on examination, remains of copper-coloured eruption on arms and body; *right* eye well, except the slight weakness above-mentioned; *left* eye cloudy, pink injection around cornea, surface of cornea quite dry, and lining membrane appears somewhat darker than *right*; pupil of moderate size, does not respond to the influence of light, but is nearly regular, and appears free from lymph. The sight is so much affected that she cannot distinguish objects.

Treatment.—Vesication in the vicinity of the eye, the external application of stramonium, tepid lotions, and the internal use of hydriodate of potash, which was gradually increased to 30 grs. a day. Under this, the moisture returned in great part to the surface of the cornea, the cloudiness of the lining membrane nearly disappeared, the vascularity of the eye much abated, and the pain left her, but the sight did not improve. The pupil was now distinctly seen to be perfectly clear, but it remained immovable. On the 31st, the hydriodate was omitted, and her general health being improved, she imprudently exposed herself to cold, and the inflammation returned in the eye, though much less violently than at first. This having partially subsided, she wished to return to the country, and Dr. B. recommended her physician to try the effect of Fowler's solution, not going beyond $\mathfrak{ss}$ v. three times a day, after the present inflammation should have left the eye.

On the 27th of January, her attendant informed Dr. B. by letter that her sight had so much improved that she could distinguish objects at a distance of six or eight feet. There was still some opacity of the internal surface of the cornea—and she had had a fresh eruption on the left hand, mostly of the character of syphilitic acne. Dr. B. advised that the solution which had been suspended a few days should be again given, and the dose gradually increased to gr. x.

CASE II.—Mrs. S., about 40, was attacked with primary symptoms nine months ago. Eruption first appeared three months later. Now, about the 30, has severe syphilitic eczema on lower limbs. Three months ago, left eye

was attacked with inflammation, which one month ago resulted in total loss of sight. Has had much severe pain in and around eye, from which she still suffers, also from periosteal pains in the tibiae. The globe appears generally but unequally swollen; chemosis; a small purulent deposit is seen under the conjunctiva, near outer edge of cornea; the cornea hazy; the pupil apparently closed by lymph, and the iris pushed forward nearly in apposition with the cornea. Between these textures are several small purulent collections similar to that under the conjunctiva. The sclerotic projecting at points shows the choroid through. The upper lid is swollen, and droops.

Treatment.—Under the care of the gentleman with whom Dr. B. saw her, she had been taking the mandrake (*podophyllum*) for a short time, with apparent benefit. It was agreed that it should be continued, and Dr. B. also urged the free use of the hydriodate of potash; likewise the occasional application of two or three leeches near the eye, and the vapour of anodynes. Under this, as her physician stated, two or three weeks after, she had improved somewhat in her general health, and the pain in the eye had diminished. As the upper part of the ball the swelling had increased; as it seemed not improbable that this depended on a purulent collection between the deeper-seated textures, Dr. B. advised an incision at this point if the enlargement continued.

Dr. B. added that in syphilitic disease of the eye, as is well known, the iris is the part usually most affected. This membrane was involved in both these cases, but not more than, if so much as, some of the others. On this account he thought these cases worthy of mention.

February 9.—Cases of Fever; Diagnosis difficult.—Dr. SHATTUCK, Jr., reported the following cases, which he considered of interest on account of the difficulty of diagnosis. He asked, Must the first be considered a case of typhus, or ship fever, as it appeared when first seen, and as one might be led to conclude from the results at the autopsy? The patient was a stout muscular Irishman, thirty-two years of age, a resident of this country for three years. He had worked on a farm in Watertown. He had not been with sick persons, but attributed his illness to a habit of washing his person very freely in cold spring water when heated. In the latter part of September, he had a bad cough, pains in his limbs, dizziness, and on the 13th October, he gave up work, having lost strength, and went to board with a family in Watertown, who came to this country at the same time with himself. He had a bad cough—expectoration free, offensive; dizziness; he was in his bed a part of the day, but sat down to meals with the family, and ate some hearty food every day, and walked out every day. He complained also of pain in the chest, and consulted Dr. Whittemore, to whom he seemed labouring under a bronchial affection. A moderate drinker, he took some spirit every day; submitted to no medical treatment; his cough gradually diminished, his strength returned, when, early in January, he exposed himself at night to cold and wet when under alcoholic and other stimulus. His symptoms returned; a petechial eruption over his body was noticed by his host a few weeks before this relapse, when a woman and a child of the family had an attack of mild fever, and were sick for two or three weeks. Dr. Whittemore regarded their disease as continued fever, but spoke of it as petechial fever, not being in the habit of using the terms typhoid and typhus as distinctive of varieties of continued fever. The man did not improve, though he continued to walk out, to sit at table with the family, lying down at intervals in the course of the day. Dr. Whittemore saw him a second time, and at his request wrote a letter to the admitting physician of the Massachusetts General Hospital. In this letter he says: "As respects the nature of his com-

plaint, I can only say, he has had cough for three months or more, and it has most probably arisen from neglected bronchitis. The cough, while I am writing, has occasioned expectoration of frothy mucus with a provocation to vomit, with exhaustion of the strength and with some hemorrhage from the nose." The patient rode to Boston, and entered the hospital on Monday, Feb. 2. On Tuesday morning, at the time of the visit, he was sitting by his bed, dressed, his intellect quick, his memory impaired, mind disposed to wander; he gave for the most part satisfactory answers to the questions; the eyes neither injected nor suffused; the hearing good; prostration; rather a dusky hue of the skin, and an abundant petechial eruption over the trunk and limbs; the pulse 120; the skin dry; cough; respiration hurried; resonance diminished over both lower backs; less over right, where the respiration was feeble and rude. Over front chest resonance sufficient; expiration prolonged under both clavicles; no pain in side; expectoration of viscid mucus, with one or two rusty sputa; abdomen rather full, not tender on pressure; gurgling in right iliac fossa; several dejections, the patient having taken, for two days, cathartic pills. The tongue dry, no sordes on the teeth; thirst. He was put on gruel, and took pills of opium and carbonate of ammonia. He was restless and delirious at night, getting out of bed and going to the water closet, and two of the attending physicians of the hospital considered the aspect of the case so decidedly that of ship fever, that he was put in a small ward where no patients would be exposed to him. He then had beef tea and brandy punch at regular intervals. Suberepitant rale was heard over the right lower back; in other respects the physical signs continued the same; the prostration became greater, and he died in the evening of the 5th. The autopsy was made forty hours after death. There had been but little emaciation; the cellular tissue under the skin of the abdomen loaded with fat, the petechial eruption still distinct; slight and old adhesions of both lungs; both of them congested, of a very dark colour; no hepatization, the anterior parts and edges being the only crepitating portions. The mucous membrane of the trachea and of the primary bronchi was of a dark, livid colour, some aerated serum and mucus, the contents of the bronchia; the spleen large, of a dark colour, the two substances of the kidneys quite distinct. The mucous membrane of the stomach and intestines not remarkable. Peyer's patches not diseased. The liver weighed four pounds.

Diagnosis is often difficult where we do not have a patient under observation during the whole course of the disease. If this man had continued fever, it is remarkable that he never should have been confined to his bed, and that he should have been disposed and able to eat solid food during the whole course of his illness, a period of nearly five months. If he had typhus fever, it must have been an idiopathic case. He and his friends asserted positively that he was never exposed to sick persons. The man with whom he boarded spoke of his expectoration, when he came to his house in October, as very offensive. Had he gangrene of the lungs at that time?

The second patient was a muscular Irishman, 28 years of age, who landed in New York on the 1st of March, after a voyage of six weeks. There was no fever during the voyage, but two of the passengers had fever after landing. He was perfectly well for a week, and then was taken with chills, headache, loss of appetite, nausea—and remained in the house, but was not confined to his bed. On the 8th day, he walked to the hospital, and was seen for the first time on the 17th of March. Some headache, prostration, mind slow, not capable of prolonged effort. He had bled from the nose twice; disturbed, restless sleep; pulse 90, skin hot and dry, tongue dry, abdominal fulness and tenderness; gurgling in right iliac fossa; three loose dejections from 3³s of

castor-oil. Numerous rose spots over trunk and thighs, some on arms. He took ten grains of Dover's powder every four hours during the first twenty-four hours, and the same dose every three hours during the second twenty-four hours. He had one or two loose dejections; there was somnolence—the skin moist. The rose spots became of a darker color, and faded less on pressure. The prostration increased. He was put on brandy and beef tea at regular intervals on the 22d, and died on the 25th, the 18th day of the disease. The friends forbade an autopsy.

Ought not this case to be regarded as one of typhoid fever? The eruption and the abdominal symptoms are characteristic of that disease, and yet, perhaps, all would not consider this diagnosis as correct. The opiate treatment seemed to be without effect. Would the larger doses, as administered by Dr. Henry, of Springfield, Illinois, have been of efficacy to arrest or modify the fever?

Fibrous Tumour of the Uterus.—The specimen was shown by Dr. JACKSON, to illustrate the change of structure that may, after a long while, take place in these cases. The patient was 84 years of age, and had had swelling of the abdomen for more than thirty years. The tumour had no appearance of fibrous structure to the naked eye—though it was evident enough microscopically—but rather that of a uniformly and brilliantly white, glistening, and very flaccid, though tough cellular tissue; the cut surface being irregular rather than smooth, as it usually is. The mass, as received from the country, was of a semi-spherical form, six inches in diameter, three inches in thickness, and invested over its whole convexity with a thick, cretaceous shell.

Dr. J. also showed a recent uterus, in the cervix of which was a fibrous tumour about one and a-half inches in diameter; and remarked upon the extreme rarity of these tumours in this situation, so far as he had observed. The patient died of acute pneumonia, and the situation of this disease was also peculiar; the middle and the greater part of the right lower lobes being hepatized, whilst the back and especially the lower back part were healthy.

Orum retained fourteen months.—Dr. JACKSON exhibited the specimen which he had received from Dr. Edwin Leigh, of Townsend, with the following account of the case: The patient was 42 years of age, and had borne six children; general health delicate for many years; and for the last three years, since a miscarriage, she suffered from prolapsus uteri.

In the winter of 1850–51, she became pregnant, as she supposed. The catamenia ceased on the 8th of December, and have never regularly returned since that time. In February, there was morning sickness. Swelling and hardness of the breasts, but no pain; the swelling beginning to disappear in May. No quickening. Some fulness in hypogastric region, but this did not increase after the fourth month, and about the sixth month it diminished. During the first six months there were more or less hard and bearing-down pains.

In June, 1851, there was some uterine hemorrhage for a few hours, and during the following week a little very dark discharge; after which there was another hemorrhage with a similar discharge, which continued for the next twelve days. In September, October, and November, there was, on three or four different occasions, a slight discharge, lasting for a week or more at each time; very dark, sometimes quite thick, and often appearing like a dark, dirty, semi-fluid unguent. Discharge never purulent. Some pains, referred chiefly to the sacrum, during these months, but less than in the winter and spring.

Uterus somewhat enlarged, and with greater irritability and tenderness than was usual during the few preceding years; os tincæ rather enlarged. The case, it was thought, might be one of false conception, and so the result proved.

About the 18th of December, she had very considerable hemorrhage, with some pain, and followed by leucorrhœa; attributed to hard work. Ten days afterwards, a similar attack. About the 18th of January, 1852, severe pains came on and increased, with considerable hemorrhage, until the 22d, when the ovum was discharged.

The mass was of a regular oval form, four inches in length, and two and a half inches in diameter. Externally it had the usual appearance of a retained ovum; and, a section having been made by Dr. L., it was seen to consist of a whitish, opaque, ill-defined tissue, with some remains of the chorion, fibrin from blood that had formerly been effused, and numerous little cysts. There were also numerous cavities, from one to three or four lines in diameter, of an irregular form, and having a serous-looking surface within, though they did not appear to be cysts; in some of these were small, granular, cretaceous bodies, not unlike minute phlebolites.

Case of Laryngitis reported by Dr. ALLEY, occurring in the Charity Hospital, N. O., under the care of Dr. WEDERSTRANDT.—An Irish emigrant entered the hospital, labouring under severe symptoms of laryngitis; reports that he has been suffering, for two weeks, with the complaint which now threatens to prove fatal.

The treatment was general bleeding, tartar emetic, and the remedies usually resorted to in such cases.

The disease was thought to be œdema of the glottis, and confined to the larynx. In spite of the best directed efforts, the patient gradually grew worse, his breathing became more difficult, the air entered his lungs by a long wheezing inspiration; he sat upright in bed, pointed to his throat, laid his finger upon it, and prayed earnestly for relief by signs and in a feeble whispering voice. There were intervals of ease, after which the paroxysms of dyspnoea would return with much greater intensity, and threaten him with immediate suffocation.

One morning, between one and two o'clock, Dr. W. was summoned to his bedside, with the notice that, if he did not go quickly and operate, he would find the man dead. He took his case of instruments and tracheotomy tube, and hastened to the ward. Scarcely had he entered the ward before the nurse exclaimed, "Dr. W., the man is dead!" On reaching his bed, the man appeared like one who had breathed his last; he lay still and pale, his lips blue, yet there was a perceptible pulse, and the action of the heart, though feeble, was not arrested. The loss of a moment would have been fatal.

An incision was made into the trachea just below the cricoid cartilage, and enlarged with a probe-pointed bistoury. The lungs were inflated by breathing into the artificial opening, and the chest compressed with the hands so as to imitate the natural mode of breathing.

In a little while the patient began to breathe, and looked around like one awaking out of a deep sleep. He was told how to clear his throat of the mucus and blood, which constantly collected in it, by closing the wound after a deep inspiration, and then either by coughing or making a strong expiration whilst the artificial opening was closed by the finger. When the bleeding had ceased, the tracheotomy tube, figured in the plates of Liston and Ferguson, was introduced, but worked so ill that it was found necessary to dilate the

wound with a pair of dressing-forceps, the handles of which were kept apart by a wooden stretcher, and the instrument held by a piece of tape fastened around the neck.

An hour after this, bleeding returned, and the patient was nearly suffocated. He was then raised by the heels, struck smartly on the back several times, and a clot of blood was disengaged from the throat, moulded into the form of the trachea. From that time the patient did very well. In a few days he was able to bear the tube, and could walk about the house and in the yard. Nevertheless, it was found that he could not dispense with the tube after the acute inflammation had subsided, and no œdema of the glottis or epiglottis could be felt with the finger.

It was thought that there might be some ulceration of the larynx. The tube was removed, and after the practice of Dr. Horace Green, of New York, the nitrate of silver was applied. He was also subjected to a mercurial course, but all in vain. It was found that any foreign substance introduced upwards into the larynx gave rise to a violent cough and spasm of that organ, whilst the introduction of the same downwards and into the trachea produced no such result.

The man remained several weeks in the hospital, and then took his discharge. One thing worthy of note is, that the tubes, though of silver, were rapidly corroded by the secretions of the larynx and trachea, and required often to be renewed. Several months elapsed after the patient left the hospital before he was heard from again. He called, one day, in fine health and spirits, and said that he worked daily on the levee. A year had passed away since the insertion of the tube.

Six months after he called at the hospital, he died under very peculiar circumstances. He had worn the tube until the soldering had softened between the body and rim of the tube. In an unlucky moment the body of the tube fell into the trachea beyond the reach of his fingers. His ignorance of anatomy induced him to push it still farther down with a quill, hoping, as his friends say, that he could push it into his stomach. No effort was made at the time to extricate the tube, and the man died after much suffering. On examination after death, the body of the tube was found occupying the right bronchus—the lungs were both in a state of sanguine congestion as in the first stage of pneumonia; the right side of the heart was distended with blood, the left comparatively empty. The glottis and larynx were extremely narrowed as if by a stricture, and could not be dilated without laceration; the result, probably, of bygone inflammation.

Dr. W. reports also a case of œdema of the glottis in a patient upon whom he operated for tracheotomy. The patient speedily recovered after wearing the tube one week. The same operation has also been performed successfully by Dr. Warren Stone, and by Dr. Barnes, of New Orleans.

February 23.—Lupus.—Dr. DURKEE exhibited a case of this disease. The patient was a female forty-five years of age. In July, 1849, a hard pimple appeared upon the right cheek near the inferior border of the malar bone. When first noticed, it was about as large as the head of a pin. In a few weeks, several others appeared in the immediate neighborhood of the first. Now, the tubercles are mostly in juxtaposition, and occupy about two-thirds of the integument covering the cheek bone, and extend a few lines towards the upper lip and nose. They are of a dingy-red colour. Some of the tubercles are now half the size of a common pea; others, of more recent origin, are smaller. Patient has enjoyed good health, except that for a short time past

she has been troubled with indigestion, and the tongue is now deeply coated, and the bowels constipated.

Dr. D. remarked that lupus presents three principal varieties: the first has respect to the extent of surface implicated; the second to the depth to which the morbid action penetrates the chorion; the third, where the disease is accompanied with hypertrophy, is what the older writers denominated the true *noli me tangere*. Sometimes all the varieties exist in the same subject. The causes of lupus are for the most part very obscure.

The present case is exhibited, not because it is a remarkable one of its kind, but because the disease itself is rare in this country.

Although two and a half years have elapsed since the first tubercle was developed, yet the diseased surface is not now larger than half a crown; and it still preserves its original type. The tubercles have undergone no change since their first appearance, except a very slow augmentation—and quite recently a delicate squamous covering has appeared upon the summit of some of them; the patient has been somewhat annoyed with itching in the affected skin. During the last six months, the diseased spot has increased in size more than it did during the first two years. There is a patch of the same disease on the dorsal aspect of one of the ring fingers. Here it has a close resemblance to psoriasis. The skin is much thickened. The portion of skin affected upon the finger is about the size of a ninepenny bit.

Dr. D. proposed to treat the disease locally, as he could hardly suppose that any constitutional remedies would be of service. He remarked that he should endeavour to improve the general condition of the patient—but that he should trust to local remedies for the removal of the cutaneous trouble, and that he should commence with the application of the saturated compound tincture of iodine; the formula for this preparation of iodine is not in the dispensatories. It is made by dissolving as much as possible of iodine and iodide of potass in spirit. When applied freely twice a-day, it will soon produce a slough.

Dr. D. stated that he had recently treated a case of lupus of twelve or fifteen years' duration, successfully, with topical remedies only. The case was a more interesting one than that now presented to the Society. The disease had extended over a surface three times as large as in the present case, and there had been a very trifling ulceration for some years. The cicatrix left after the curative process is complete is quite peculiar. The surface has a delicate blue tinge; the integument is extremely thin, and slightly rugous.

Rare forms of Cyst.—Dr. HENRY J. BIGELOW exhibited and described a specimen of the *oleaginous cyst*. This is the only one he has ever seen. On puncture, a bluish-white, milky fluid exuded. The sac is membranous, the fluid is oleaginous. Dr. B. spoke of the different forms of cyst: the *gaseous cyst* developed in the human subject—the parallel of Hunter's case of cyst in the omentum of the pig; the *serous cyst*. Six weeks ago, Dr. B. saw a child who presented a swelling on the left side of the neck of three weeks' standing, and which he regarded as the earliest stage of hydrocele of the neck; on incision, three to four ounces of limpid serum were evacuated. Dr. B. showed two drawings of the latter cyst, *in situ*; the integuments were healthy; the child three months old. A drawing of the oleaginous cyst was also shown.

Resection of the Head of the Femur. Dr. HENRY J. BIGELOW.—The subject of this operation was a boy between nine and ten years old, some time

at the hospital, with disease of the hip-joint. The operation was done on Saturday last. Dr. B. intended exsection of the head of the femur; on the application of the chain-saw, a portion of the bone came immediately away, at the first traction of the instrument. This piece is seen to be carious, and as if infiltrated with tubercular deposit. Much pus issued from the wound; the bone denuded and carious.

When first seen by Dr. B., three months since, there was a swelling over the coxo-femoral articulation of the size of a cocoa-nut, and complete dislocation of the femur upon the dorsum ilii. Dr. B. reports the patient quite comfortable after the operation; cold water applications to the parts are grateful. The operation, in itself, he thinks will not prove more detrimental than the spontaneous opening of this large abscess; he had undertaken it because it is stated that, resection being practised, the disease of the socket gets well; he did not know why this should be.

[At the next meeting, March 8, Dr. Bigelow showed the bones composing the hip-joint of the above patient, who died twelve days after the operation, having been as comfortable as previously, and the pulse having been unaltered for three days. Death did not occur from the operation, *per se*, but from the effects of admitted air into the abscess, which, sooner or later, must at any rate have happened, decomposition of the purulent contents ensuing.]

In connection with the above case, Dr. J. B. S. Jackson mentioned an instance of fibrous reparative formation, after resection—a strong and efficient limb resulting; the case being similar to that reported by Dr. Bigelow.

Apoplexy.—Dr. JACKSON reported a case of extensive effusion of blood into the pons Varolii. The patient was a man forty years of age, and of rather a slender figure. About 10 A. M. on the 17th inst., and whilst in his counting-room, he complained of a darting pain through one eye; his countenance changed, and he was thought to be faint, but in about fifteen minutes he had a convulsion, and from that time remained insensible until his death, which occurred between one and two o'clock in the following night. Was visited by a homœopathic practitioner, who reported that the convulsions continued until 3 P. M., and ceased after the use of a shower-bath, and the application of wet sheets; pulse 100; pupils about natural. The effusion extended into the crura cerebri and somewhat into the pia mater, but not into the ventricles.

At a subsequent meeting, Dr. HOMANS reported a case of very extensive effusion into the cerebellum and ventricles, complicated with renal calculi.—The patient was a large, fleshy man, fifty-eight years of age, and intemperate in his habits both in regard to eating and drinking. The attack came on at 5½ P. M. with very severe headache, and it was with great difficulty that he was got home; soon became quite insensible, and continued so for five hours, when he died. There was stertor, and apparently perfect paralysis, but no convulsion; pulse full and strong; pupils of the eyes greatly contracted and perfectly immovable. The dissection was made by Dr. Jackson, who reported an effusion into the cerebellum and fourth ventricle of 3iiss, by estimate, of coagulated blood; the third ventricle being also distended, and the lateral ventricles containing coagula and bloody serum. Brain quite healthy, except for some of the yellowish gelatiniform softening of the remains of the cerebellum, with some ecchymoses (*capillary apoplexy*) so often observed about the seat of an effusion, but not found in the case previously reported. Some disease of the arteries at the base, in both cases.

The left kidney, from the above case, which was shown, was formed of a

congeries of large cysts. Two of these contained calculi (*oxalate of lime*, &c.), which adhered firmly to the soft parts; one of them being for the most part covered over with a white fibrinous substance which may have resulted from some former effusion of blood. In the pelvis there was also a larger calculus, of an elongated form, sending branches into the openings from some of the infundibula, and adhering to them so as entirely to prevent the escape of the fluid from the corresponding cysts. The other organs were sufficiently well. Disease of the kidneys had not been suspected; but after the patient's death, his wife reported that he had long been subject to pain in the loins, with some tendency to incontinence of urine.

Profuse Salivation in a Female of eighteen years, four and one-half months advanced in pregnancy. The case was related by Dr. COALE.—The patient, married one year since, is well in health, notwithstanding the profuse salivary discharge, by which three or four handkerchiefs are saturated in an hour and a half. The flow of saliva is constant, and excessively annoying; notwithstanding, she *gains flesh*, and the system does not, apparently, suffer. The papillæ of the tongue are very prominent, with some engorgement of the lining membrane of the mouth. No remedies Dr. C. has tried have been of the least avail.

Dr. STORER observed that this was undoubtedly a symptom of pregnancy; that it is mentioned as such by most writers upon midwifery; he thought the cases must be rare, however: he had never seen but one case in his own practice; in that case, the woman, in all her pregnancies, five in number, suffered exceedingly for two or three months, the inconvenience commencing early in each pregnancy.

Dr. JACKSON alluded to a similar case, which he reported fully at a subsequent meeting.—The patient is a delicate woman, and has had seven children, besides two miscarriages. Salivation comes on with each pregnancy between the fourth and fifth week; and continues from four and a half months, which was the shortest, to the third day after confinement, which has been the longest period. Fluid seems to come from the mouth, and amounts in quantity to about three pints daily during the whole time; being fully established in two or three days from the time it commences, and going off at last even more suddenly. Attended throughout with nausea, and often with vomiting; distress after food, and constipation; to which symptoms she is not subject. Is salivated equally when sea-sick, but not when affected with common nausea. Dr. J. has recently attended her in confinement, and tried a great variety of remedies to check the salivation; but it continued unabated during the greater part of her pregnancy.

[Dr. BLUNDELL (*Diseases of Pregnancy: Prin. and Pract. Midwifery*, p. 1129) remarks that "very copious salivation will sometimes occur during gestation, and where the patient has not taken one grain of mercury." He adds that he saw a case of this sort strongly resembling mercurial ptyalism; the fetor and ulceration of the gums, however, were wanting. "If the quantity of saliva is not very great, the patient may swallow it; and thus somewhat moderate the exhaustion which would otherwise occur." Dr. Blundell's patient secreted saliva so plentifully, however, that, when she swallowed it, the stomach was offended and vomiting ensued. If salivation be very profuse, and the system suffer much, he recommends the induction of delivery; which, in all probability, would cure the disease; but where the secretion is smaller, a remedy of this kind would not be justifiable. "Meddlesome midwifery is bad." Dr. B.'s patient, above referred to, did well without inter-

ference; from his reporting only one case, the rarity of the affection may be inferred.]

Dr. COALE read to the Society the subjoined letter from Mr. ROBERT CEELEY, of Aylesbury, England, and prefaced the reading with the following remarks:—

“From the circumstance of several cases of smallpox and varioloid occurring in persons who had been previously vaccinated, I was induced last autumn to suspect the efficiency of the vaccine matter in current use amongst us. I therefore wrote to Dr. Golding Bird, one of the Physicians of Guy’s Hospital, London, asking him to procure me a crust direct from a cow affected with the original vaccine disease. Though a perfect stranger to me, and I without the slightest claim upon him, he at once interested himself in the affair, and wrote to his friend, Mr. Ceeley, of Aylesbury, who had given much attention to the subject of vaccination, and had published some valuable papers upon it. This last gentleman procured what I desired, through a similar kind interest and zeal of Mr. Badcock, of Brighton, and transmitted the cow matter to Dr. Bird, with the following letter, which I will read to the Society.

“The matter thus procured I have exerted myself to distribute as widely as possible, considering the kind exertions of the gentlemen in furnishing it, not so much a favour to me personally, as the promptings of a generous humanity to benefit all. I believe the physicians of the city are now generally supplied with it.

“I feel it due to the zeal and care of two of our own physicians to state that, upon the first publication of Mr. Ceeley’s experiments, Dr. Adams, of Waltham, and Dr. Putnam, of Boston, immediately repeated them, and successfully, furnishing the city and neighbourhood with all the vaccine matter used here since that period; a fact, however, of which I was ignorant when I sent to England for a new supply.”

AYLESBURY, *December, 1851.*

MY DEAR SIR: Your application on behalf of Dr. Coale, of Boston, U. S. of America, would have been most cheerfully complied with had it been in my power to do so.

Similar applications for crusts and charges of primary vaccine lymph, have been often made to me from various parts of Great Britain and the continent, since the publication, in 1839, &c., of my “Observations on the Variolæ Vaccinæ, as they appear in the Vale of Aylesbury, with an account of some recent Experiments on the Vaccination, Retro-vaccination, and Variolation of Cows.” (*Trans. of the Provincial Medical and Surgical Association*, vol. viii. and x.) But, I regret to say, that of late years the cows here have failed to yield me the supply of lymph and the opportunities for observation they formerly did.

The vale of Aylesbury is now, to all appearance, barren of primary vaccine, and void of materials for observations which I would gladly prosecute, and which ten or twelve years ago occupied so much of my time.

The milkers in general, nowadays, have all undergone vaccination, and being thus less susceptible to the severe influence of the natural vaccine disease, are not apt to apply for surgical aid. We may, therefore, for this reason, lose occasional opportunities of detecting the disease in the cow; but there can be no doubt that the true variola vaccina is now a rare disease in this locality, while the other contagious eruptive diseases of the animal (nearly always confounded by the milkers and dairymen with it), are as common as ever.

You are aware that in my “Observations” just referred to, I entered fully into the subject of the vaccination, retro-vaccination, and variolation of the cow, and the effects of the resulting lymphs on man.

In my successful experiments on the variolation of the cow, and the production of the vaccine lymph, in February, 1839, I furnished indisputable proof of a very interesting and important pathological fact. A fact which had long been doubtful and disputed, notwithstanding the previous experiments at —, in 1801; by Gassner, in 1807; Sunderland and others, subsequently; and, lastly, of Thiele, in South Russia.

But to those who thought a new stock of vaccine lymph was occasionally desirable, or who might need a supply when no other source was at hand; this pathological fact yielded additional reason for congratulation.

Hence the lymph thus obtained by me, on two or three such occasions in that year, was much sought after, and was abundantly distributed by me over England, Scotland, Ireland, Europe, Africa, and North America (I think).

It was kept also under my own observation for more than two years, was tested by smallpox virus and effluvia, and found equal in all respects to the Jennerian lymph of 1800.

In December, 1840, an intelligent chemist of Brighton, Mr. Badcock, thinking with many others that a new stock of vaccine was needed, and being, as I understand and believe, unacquainted with my successful experiments, commenced, for the above purpose, the variolation of the cow, and he was singularly successful. Having a high opinion of such lymph above that long in use, he has, for the last ten years, occupied himself in procuring it for his own use in vaccinating children, and distributing it to professional applicants.

Being intimately acquainted with Mr. Badcock, whom I consider deserving of infinite credit for his zeal, perseverance, and great liberality, I have applied to him for a new supply for Dr. Coale. After about twenty fruitless attempts, he has at last succeeded in his endeavours, and I have now the pleasure of sending you, for Dr. C.'s use, a most liberal and choice supply. The parcel contains the following, viz. :—

1. The crusts from a variolated cow.
2. A glass charged from the same source.
3. Some points charged from a splendid vesicle raised on a child's arm by some of the above primary lymph.

All these are to be employed in the usual way; but I generally find the most successful method is to rub the lymph on small clusters of superficial scratches of the skin (instead of puncturing it). I hope this stock, of what I first denominated variola vaccina, will prove successful in use.

In regard to the vexed question of the deterioration of the current vaccine by frequent human transmission, you are aware that I have fully discussed this subject in my "Observations," &c.

That variolous lymph can be and has been deteriorated by a variety of causes, is indisputable. The fact is notorious in India (*Quart. Journal of the Calcutta Medical and Physical Society*, April 19, 1837). It has been proved in Paris (*Notice sur le Cowpox découverte a Passy, par M. Bousquet, 1836*). It has been demonstrated in London (*Report on Smallpox, by Dr. Gregory, Med. Gaz., Feb. 24, 1830*). That it may be rendered weak and inefficient by accident or carelessness, by ignorance, or something worse, every experienced vaccinator will readily allow.

But that the above results *in temperate climates*, and with every attention and care required, are inevitable, I do not think satisfactorily proved. But the fact of actual degeneration can alone be settled by a reference to the standard of Jenner. Of the correctness of this standard no one can doubt. I have repeatedly proved it by the use, at different times, of natural and artificial vaccine, from at least fifteen or sixteen sources. If any given lymph possess the sensible properties described by Jenner in his first work; if in the majority of subjects, it produces a vesicle of the normal size and form, yielding a readily infective lymph on the 8th day, after which period an areola commences and increases till the 10th or 11th, and the vesicle change into a hard dark crust on the 14th or 15th day; I cannot see that it is possible to impeach the efficacy of that lymph. Its failure to protect from smallpox must depend on other causes. Uniform or very frequent deviations from the standard of 1800, to me would be conclusive of such a fact, and compel me to seek a new supply. Repeated ob-

servations of the constitutional effects of all the vaccine I have ever used, enable me to corroborate the assertion of Jenner, that the *primary* disturbance is slight and trifling, the *secondary*, attending the local erysipelatous inflammation, though often severe, are not essential to the specific influence, though they mark the completion of a process and afford satisfactory evidence of a previous important fact. As I have said elsewhere, "My own repeated applications to the cow have been chiefly for the purpose of experimenting for the satisfaction of patients or for the accommodation of friends, not from any belief in the superior protective efficacy of such lymph over active current *humanized* lymph."

"But when lymph is found *uniformly* deficient in infective property (Bousquet, *loc. cit.*)—vesicles abnormally rapid in their course, at their greatest development on the 7th day; yellowish in appearance on the 8th; with turbid lymph, central desiccation, on the 9th; and a miserably small crust, falling on the 15th or 18th day—such lymph, or anything approaching it, ought to be rejected."

* * * * * Mr. Badecock intends contributing to the great exhibition to be held in New York, in the form of Daguerreotype illustrations of the result of some of his experiments. * * * * *

Yours, very truly,

ROBERT CEELEY.

TO DR. GOLDING BIRD.

Poisoning by Cyanide of Potassium.—DR. PERRY related the case. A nurse administered this poison, by mistake, to a child who had slight cough, instead of a cough mixture which stood near the bottle of solution of the cyanide.

The immediate effects of the dose were vomiting and convulsions; then insensibility, locked-jaw, coldness of extremities, which were pendulous and without muscular power—diminished frequency of respiration (12 to 16 per minute), the pulse small, but distinct, 60 per minute; the circulation languid, pupils dilated, sphincters paralyzed; the teeth closed so firmly and continuously, that only once or twice could anything be poured into the mouth.

Dr. P. saw the child in fifteen minutes after the accident, and found it in a warm bath, and insensible. *Treatment.*—Stimulants externally and internally; mustard bath; inhalation of ammonia. Death was sudden. No *post-mortem* examination obtained. The quantity of the poison taken was not very far from gr. iv.; the strength of the solution of the salt was 3j to 3j of water. Taylor states that gr. iv will prove fatal in ten minutes; this child lived one and a half hours. Dr. P. remarked that this is the first case of the kind he had heard of here.

Puerperal Peritonitis.—The case was reported by DR. HOMANS, and was interesting in connection with its presumed cause. The husband of the patient was suffering at the time from diffuse cellular inflammation about the elbow, with a discharge of pus for two days before her confinement; and to this, as a cause, Dr. H. was disposed to attribute her disease. For the first two days she did well; but on the third day there came on chills followed by heat, with tenderness of the abdomen, anxiety and restlessness, headache, vomiting, and diarrhoea. Six or eight dejections daily. On the fifth day she was somewhat better, but the abdomen was more tender. On the sixth day worse, with light delirium; and on the eighth day after her confinement she died. The abdomen became very tumid, and the diarrhoea continued to the last. Some secretion of milk; but cessation of lochia. No autopsy.

March 8.—False Membrane of Croup.—DR. BOWDITCH showed a very perfect and remarkable specimen of the membrane formed in the above disease. It was a complete cast of the larynx, trachea, and primary divisions of the bronchi, and was thrown up, entire, after the use of calomel and ipecacuanha. Nitrate of silver was subsequently used, by the advice of Dr. B., on the return of dyspnoea, which was relieved after the membrane came away, but became aggravated in the evening of the same day. The solution was of the strength of $\mathfrak{z}\text{ij}$ to $\mathfrak{z}\text{j}$ of water. The sponge, about three-fourths of an inch in diameter, well filled with the solution, was applied to the epiglottis and its neighbourhood, thoroughly, once; vomiting immediately followed, with copious discharge of mucus; the breathing was again relieved. The solution was applied through the night, every two hours, by Dr. Holman, of Harvard, Mass., with whom Dr. Bowditch saw the child, and who communicated the after particulars of the case to Dr. B. The child was at first skilfully and judiciously treated by Dr. Newell. In addition to the application of the caustic, the powders were continued with emetic effect. On the 8th of March, (the child having been first seen by Dr. B. on the 6th, with Dr. Holman) after giving a powder, the solution was applied, vomiting followed, and another portion of membrane was thrown off about one-half the size of that exhibited to the Society. This was, apparently, mainly from the bronchi of the right side. Dr. Holman writes to Dr. B. that this latter discharge of membrane entirely relieved the croupy breathing, and the cough lost its distinctive character. A blistering tissue (4—4 inches) had been applied, previously, below the right clavicle, where signs of bronchial inflammation had been observed; the bowels were moved by oil. Thirst subsided; appetite began to reappear. R. Decoct. Senegae; small doses, every three to four hours. 9th March. Rest good the previous night; respiration for past twenty-four hours almost perfectly natural; voice does not return; light food apparently relished. 10th. Report favourable; child calls for food; pulse 80; breathing natural; cough infrequent; stomach and bowels quiet; disposed to sleep. 11th. Morning; slept all night, except when aroused; but quite restless, flinging the arms about and frequently moving from one side of the bed to the other without waking. Pupils, on examination, enlarged; eyes not injected. Somnolent tendency, which finally became stupor, and death occurred at 11 o'clock P. M. No *post-mortem* account is given. [The attack was on March 1; duration of disease, consequently, ten days, some hours. The child, a female, three years and a few weeks old; previously in excellent health.]

Dry Chronic Arthritis.—DR. HENRY J. BIGELOW brought a series of joints, affected, in different degrees, by the above disease. The specimens were taken from a dissecting-room subject. They were like those showed at a former meeting, but presented, from one subject, almost all the varieties of appearance resulting from this disease, from a simple depression in the cartilage, to great wax-like deposit upon the articular edges (*gouttelettes de cire*), partial dislocation, and foreign bodies.

Fracture of the Radius.—DR. H. J. BIGELOW exhibited some specimens of rather rare fracture of the radius. This bone, Dr. B. remarked, is nearly always transversely broken. The first specimens shown were from a man who fell from a mast-head, producing compound fracture of the femur, with displacement and fracture of both wrists. Death, the next day. One radius is seen to be split through its articular surface, obliquely to its dorsal aspect, like Barton's fracture; all the dorsal aspect of the joint being broken off. In the

other radius there was oblique stellated fracture of radius on the surface of the joint; no great deformity of the joint. Dr. B. pointed out a piece of bone in one of the ligaments of the joint.

Strangulation from Enlarged Tonsils—Laryngotomy.—DR. J. M. WARREN showed the larynx of a man on whom he had performed the operation. The patient was brought into the hospital struggling for breath, and almost pulseless, supposed to be labouring under an attack of laryngitis. The danger of suffocation was so imminent that no time could be spared to inquire into the history of the case. Dr. W. had the patient placed immediately on his back, and proceeded to open the larynx—a matter of some difficulty—owing to the violent efforts of the patient for breath. As soon as the air penetrated freely into the larynx, he began to revive; the pulse became more steady; the respiration regular. Stimulants were exhibited both by the mouth and per anum, but the system had received too severe a shock to recover, and he gradually sank and expired quietly in an hour or two after the operation. On removing the larynx, no marks of inflammation of that organ could be detected. On looking further, however, the cause of death was discovered. The tonsils, greatly enlarged, and in a state of violent inflammation, filled up the posterior fauces. The epiglottis had been gradually encroached upon, so that, finally, it was pressed down, and almost completely prevented the entrance of air into the lungs. The history of the case, as learned afterwards from the father of the boy was this: He had been employed, four days before, in unloading a ship, the weather being very cold and rainy. The following day he was taken with sore throat, for which some simple remedies had been applied on board the vessel where he slept. He was first seen by a physician on the day he was brought to the Hospital.

Gall-stones; with Ulceration of the Duodenum, as if to give exit to them. Fatal Hemorrhage from the Ulcer. Case reported by Dr. HOMANS. —The patient was a large, fine-looking man, 49 years of age, but subject to colic. Five weeks ago he was taken with a pain across the upper half of the abdomen, having somewhat of a rheumatic character, and followed in a few days by jaundice; the skin and urine being tinged with bile from that time, and towards the last, deeply so. He kept his bed for a few days, but was soon out and able to attend to his business. Nine days ago he was attacked, whilst walking in the street, with a violent pain in the abdomen, nausea, and vomiting; and, from that time, was confined to his room and mostly to his bed. The nausea, however, of which there was none in the early part of his sickness, soon subsided; but the pain continued until the last, being of a colicky, paroxysmal character, with tenderness on pressure over the seat of the disease. Appetite small from the time of the first attack; and the bowels very costive, the dejections being clay-coloured, with much flatulence for the last two or three weeks. Five days ago, he had, after a laxative, the first discharge of blood, which was tarry in appearance, consistent, and rather large; and twelve or fifteen hours afterwards a second, of liquid blood, and about half a pint in amount. The number of these discharges altogether was not more than three or four. On Friday night he had one which was estimated at three pints, became exceedingly faint, nearly pulseless; and, from that time, sank regularly until this morning at nine o'clock (Monday), when he died.

The dissection was made by Dr. Jackson, and the parts exhibited by him to the Society. The ulcer, which was well defined and apparently recent, commenced one-fourth of an inch from the pylorus, and measured one and a quarter

inch by three-quarters of an inch. From the base there hung off a firm coagulum of the size of a nutmeg; the small intestine being dark-coloured throughout from the quantity of blood it contained. About a dessert-spoonful of small, round, smooth calculi were contained in the gall-bladder and ducts; the first being of medium size, though the parietes were diseased. The ducts, however, were considerably dilated; the cystic measuring transversely at its largest part, when cut open, one and a half inches, the hepatic, one and three-quarters of an inch, and the common duct two inches, but contracting gradually to its natural size where it opened into the intestine. The most interesting point, Dr. J. remarked, was an adhesion of the duct to the external surface of the intestine, and just at the situation of the ulcer, though there was no appearance of ulceration nor of any other disease of the duct itself; the ulceration commencing upon the inner surface of the healthy intestine, and apparently with a view to open a communication with the ducts, as, in the case of aneurism of the arch of the aorta, ulceration not unfrequently begins upon the mucous surface of the air-passages or œsophagus, and not upon the inside of the aneurismal sac, where perforation seems to be the ultimate object. The liver was olive-coloured, small, and quite flaccid, but apparently healthy in structure, as were the other organs.

March 22.—Cancer of the Breast. Dr. J. M. WARREN presented the specimen and related the case.—The patient was 50 years old, and the operation was done at the hospital. A year ago, a small movable tumour existed in the right breast; eight months since, she applied to a "cancer doctor," who may be said to have *manured* the lumps with caustic; for, under its constant application since, the disease had increased so as to present a formidable tumour surmounted by a circular ulceration. The tumour was quite unattached to the pectoral muscle, and the whole apparent disease removed by the knife.

Two or three axillary glands, enlarged from the irritation kept up by the caustic, disappeared a few days after the operation. The patient was sufficiently recovered in a fortnight to go home.

Dr. W. had seen one or two cases lately of cancer of the breast treated by caustic, in which the result has been similar to the one above stated.

Sympathetic Trouble in the Ears from Disease in the Eyes.—Dr. BETHUNE related the case.—A single lady, between 50 and 60, who had complained of headache, had occasional diarrhœa, and was affected with pityriasis—was subject to tinnitus aurium after using the eyes in reading, exposure to gas-light, &c. There was stiffness of the lids with lachrymation. General means, with counter-irritation, were successfully used. Dr. B. said that this is the first case of the kind he has observed.

April 12.—Fibro-plastic Tumour from the Neck.—Dr. HENRY J. BIGELOW.—This, a fibro-plastic tumour of two years' standing, situated on the front of a young man's neck beneath the platysma, about the size of a pullet's egg, was easily detached without injury to the vessels. Removed, its appearance is lobulated; its colour white; cartilaginous substance in its centre, and some calcareous deposit. These tumours, the exhibitor remarked, were formerly denominated "*glandular*." Often a tumour of this nature actually resembles, under the microscope, the tissue of the glands among or near to which it is seated. In this sense, the term *glandular* turns out to be really not inappropriate. This tumour showed eminently the secreting crypts of glands.

Encysted Tubercle of the Vertebral Inter-articular Fibro-cartilage.—Dr. G. H. GAY showed the specimen, taken from a dissecting-room subject, fifty years of age or upwards.

No history of the case is known. A vertical section being accidentally made of four or five dorsal vertebrae, the following appearances presented themselves, after washing away the soft, adhering powder produced in sawing, viz., great vascularity of the whole cancellated structure, which was studded with numerous, minute, reddish prominences, at first looking like the gray granulations of one form of commencing tubercle in bone; these were easily washed away by a slight jet of water; the cancelli were firm and hard, in some spots almost eburnated; there was no distinct, softened, infiltrated, or encysted tubercle in the bone, though there were two or three irregular cavities which may have been the seat of tubercular deposit at some anterior period.

Were those reddish prominences the "*granulations grises*" of Nelaton?

The inter-articular fibro-cartilages were all thinner than usual, as if compressed, and all were more or less diseased; their vertebral surface was very vascular, presenting a thin, reddish line completely encircling it, as if to form a cyst; in one, spot there was a cretaceous deposit, of the size of a pea, surrounded with a yellowish, friable, curdy mass, in a cyst; there were other small encysted masses, and one much larger than the rest, the cavity filled by which would easily admit the end of a finger. In this cavity was a yellowish-white substance of a consistence between that of putty and of a chestnut, presenting under the microscope the characteristics of tubercle, slightly decomposed, very friable, and breaking down upon the slightest pressure. This was inclosed in a distinct cyst about two lines thick, its cut surface having a red look, and from the inner, smooth surface of which the tubercle could be easily separated. The cyst and tubercular mass were confined entirely to the cartilage; the articular surface of the body of the vertebra above and below being excavated where the mass pressed, though there did not appear to be any loss of bony matter. In detaching the wall of the cyst and cartilage from the bone, the latter was found quite hard and smooth, approaching eburnation.

Some of the cartilage presented its natural look and firmness. There was a tubercular mass in one lung, *near its base*, as large as a pigeon's egg, somewhat more softened than the above.

Scirrhus Parotid Gland.—Dr. J. MASON WARREN showed the specimen, which had been successfully removed. The patient was a farmer fifty-two years old. Twenty-five years ago, a tumour made its appearance in front of the ear. This imperceptibly increased, giving him no pain or inconvenience until two months since, when it was injured by a blow, and since then has rapidly increased in size. The night after the blow, he perceived that there was some insensibility in the skin in front of the tumour. For some time past he has been unable to close the right eye. "Now, there is an oval, prominent, even, well-defined tumour in front of the right ear, overlying the ramus of lower jaw, and occupying the position of the parotid gland. Its long axis is parallel with a line drawn from the angle of the jaw to the external angle of the orbit. Its greatest length is three inches, width two inches. Upper margin is on a level with the angle of the eye; lower margin with the angle of the jaw; posterior is overlapped by external ear. Integument is movable; not discoloured. Tumour is of firm consistence; not tender on pressure; not attached to bone, yet but slightly movable. Does not move with lower jaw; cannot be felt in mouth. There is much numbness of cheek in front, and a dull, but not severe pain in the tumour itself." (*Hosp. Record.*)

When the patient entered the Hospital, one or two glands in the neighbourhood of the tumour were enlarged, apparently from the effect of some irritating application he had made for the purpose of discussing it. Under treatment, these with one exception disappeared. He was extremely desirous of having the tumour removed, and on a consultation of the surgeons it was decided that the attempt should be made.

The patient being etherized with chloric ether, an incision was made from just above the superior border of the tumour to a little below its inferior part. This was crossed by another incision commencing at the mastoid process, and terminating on the cheek. The fibrous capsule of the gland was now cut into, and the tumour gradually loosened by dissecting carefully around its circumference. Its adhesions were so close, and the texture so firm that it was found impossible to proceed but with great caution; the vessels that were divided under the edges of the tumour being secured with much difficulty. The tumour was first loosened from its attachment to the zygomatic process, then dissected from the masseter muscle, the transverse facial artery and the parotid duct being cut away at this stage of the dissection. It was next detached from its firm adhesions to the sterno-mastoid muscle and mastoid process, and its adhesions to the ear and the trunk of the facial nerve cut off. Finally, by means of the blade and handle of the knife it was separated, from before backwards, from the great artery and vein which lay imbedded in its posterior wall, the latter being cut and tied. Four or five arteries required ligatures. An enlarged gland in the neighbourhood was removed separately from the tumour.

The mouth was found paralyzed after the operation. The eye which the patient was unable to close before, either in sleep or when awake, was found, a few days subsequent to the removal of the tumour, to drop down so as partially to cover the eyeball when he was asleep.

An examination of the tumour after its removal showed it to be the parotid in a scirrhus state; the microscope disclosing an abundance of cancerous cells; with it was included a lymphatic gland imbedded in its lower and under portions. Dr. W. states that he had once or twice removed tumours from this situation, apparently formed by the above lymphatic gland in a diseased state; the lower edge of the parotid being raised up and spread out on the surface.

The presence of the parotid duct and the facial nerve in the tumour now shown, together with its anatomical relations, left no doubt as to the organ diseased.

Dr. CHARLES E. WARE reported a case of *Intussusception*.—It occurred in a female child ten months old, nursing, but in the habit of feeding more or less. She was perfectly well on Wednesday morning, April 21, and had eaten pretty freely of minced salt fish, while the family were at breakfast. Early in the forenoon, while nursing, she suddenly stopped, was sick at the stomach, and vomited. The vomiting continued, with some indications of general distress, till the afternoon, when an injection was given. It came away without bringing much with it. The vomiting continued through the night, and Dr. W. saw the child at about 9 o'clock the next morning. It had just had a pretty copious discharge of bloody mucus, as the mother said, with some relief to the uneasiness. It was the first discharge of this character which it had had. The longest interval which had been passed without vomiting was about two hours. The matter vomited was greenish liquid. The child had refused the breast from the first; its countenance was pale and sunken. The respiration was hurried, with free action of the

abdomen. The skin was quite natural. She would smile and take notice, giving no signs of fractiousness, nor of being in pain. The abdomen was not very tender. Nothing could be discovered by the touch. Pulse 140, of good character. She was put under the influence of Dover's powder, and continued in about the same condition through the day. In the evening, contrary to Dr. W.'s direction, a dose of oil was given which occasioned some distress. The next morning, at 8 o'clock, Dr. W. found her senseless and sinking. Abdomen much more full and tender. Sphincter ani entirely relaxed. Introducing the little finger, the tumour could be reached. She had had several dejections of bloody mucus, and nothing else. The vomiting had continued of the same character. She died at half-past 9 A. M., about forty-eight hours from the commencement.

Autopsy.—There was found an intussusception of a portion of the ileum, of the cæcum, of the ascending colon, and of half the transverse colon into the remainder of the transverse, and of the descending colon—the lowest portion being just twelve inches from the anus. The appendix was just projecting from the invagination, intensely red. The ileum, for several inches above the invagination, was very red and injected; but the rest of the intestines not at all so, nor was the colon below the invagination. There was no trace of peritonitis. There was about a gill of serum in the peritoneum.

Dr. CHARLES E. WARE also reported a case of *Valvular Disease of the Heart*, and exhibited the specimen. He was called, for the first time, April 22, at 11 o'clock P. M., to see a young woman aged 27. She had been in rather feeble health, and subject to palpitation for several years. Never had anything like rheumatism. She had rather a severe asthmatic attack, as it was called, attended by hemoptysis, in the December previous. Dr. W. found her sitting up in bed, livid, breathing like a person in asthma, and complaining of a most distressing palpitation. She had been, through the day and evening, as well as usual, and retired as well as usual. On getting into bed, the palpitation commenced. She had a similar attack about a week previous, which obliged her to sit up half the night. It then occurred after an unusual excitement. Her pulse was now strong, quick, and regular. There was no opportunity for any examination of the chest. She was unable to lie down, and was constantly tossing about in the greatest distress. She constantly hawked, and spit from her mouth, most copiously frothy mucus. The inhalation of sulphuric ether was tried, at first with benefit; but, as she got under the influence of it, with depression, which forbade the continuance of it. Afterwards, under the influence of chloric ether and elixir of opium, she got relief from the extreme distress, and fell into a disturbed sleep. The violent action of the heart was not entirely checked. At about 4 o'clock in the morning, however, without warning, she suddenly died.

Autopsy.—Great rigidity. Extreme whiteness of the face and lips. Blood quite liquid, but with some coagula in the heart. Not an abnormal amount of serum in the pericardium. Appearance of heart normal. The mitral valves so contracted that they would not admit the little finger. The aortal valves very much thickened, with commencing vegetations. The thickening confined to that portion of the valve which is naturally the thickest. The auricle of the left side very greatly thickened. The left ventricle natural in thickness and character. The right side of the heart normal. The left lung very generally adherent: about eight ounces of fluid in right pleura. Both lungs very oedematous. No signs of tubercle. The bronchia filled with frothy serum. The mucous membrane of the primary bronchia of a deep livid red

colour; as it extended into the smaller branches, it became of a natural hue. The right lung was very much condensed, varying in different parts, but quite as much so in the upper as the lower. In a very considerable portion, the lung was perfectly carnified, and admitted no air.

The case presented two points of considerable interest: The character of the pulse. Dr. W. had never felt the patient's pulse previous to the attack of which she died. During the paroxysm, it was of good strength and caliber, and so far as could be judged, when beating so rapidly, regular. This is contrary to the rule in mitral contraction. In a case which he reported to the Society some years since, of which the specimen is in the cabinet, and where the contraction was about the same as in the present specimen, the pulse was never so distinct that it could be counted, although the patient was frequently seen for a long time before her death. He thought it possible that the violent action of the ventricle upon a small supply of blood might, during a paroxysm of palpitation, give unusual strength to the pulse, although he did not remember to have noticed it in the former case. Another point was the condition of the right lung. The patient was as well as usual when she went to bed. There was no reason to suppose that there was any disease existing in the lungs at that time, certainly not of the character and extent which were found after death. And yet in five hours a considerable portion of one lung had become perfectly carnified, having the appearance as if the air had been expelled by disease rather than by compression from without, the effusion into the pleura not being sufficient to have occasioned it.

Sudden Enlargement of the Abdomen during Pregnancy. Death, a few days after.—Dr. CHANNING related the case. Mrs. —, aged 20; married. Was called to see this case in consultation with the attending physician. On reaching the address, Dr. C. learned that, a week before, patient complained of pain in right side of trunk, reaching quite down to and through the pelvis on that side. At times, pain greatly increased, shooting up to right shoulder, side of head, and especially to the eyes. Vision at such times impaired, or lost. He was told that the patient was about four months pregnant. That she had been thought pregnant some months before her present state, and had successfully used the means of procuring abortion. In her present pregnancy had been troubled with vomiting for about two months; but this had ceased three or four weeks ago. She was still taking medicines for abortion, especially those sold by a woman named Restell, and had been taking them at the time of the attack, a week ago. She had been very hot; with very rapid pulse; intensely flushed; at times delirious; very thirsty. Dr. C. found this history confirmed by seeing the patient. In addition, he found her to be very nearly speechless; that is, she was labouring to speak, but could hardly articulate a word. She obviously wished for something, but, with all her efforts, could not make her wants known. Swallowing was nearly impossible; violent choking and suffocation attended any attempt at deglutition. It did not seem that anything passed into the œsophagus. Tongue dark brown, dry, rough, cracked. The face was of the deepest crimson; eyes brilliant; skin hot. Pulse between 150 and 160; of sufficient strength. She was very restless. Respiratory sounds, or those accompanying breathing, were stertorous, resembling the dry, husky, shrill breathing of croup or laryngitis.

Examination of the abdomen furnished very interesting results. The abdomen was filled and distended by a large tumour, as hard, nay harder than is the impregnated womb. Flat on percussion, and without fluctuation. Tender on pressure. Auscultation discovered neither the placental murmur,

or *bruit*, nor the sound of the foetal heart. Dr. Channing had not heard of this uterine or abdominal distension, nor of the suddenness of its occurrence. He inquired concerning these points, and learned that, previous to Friday last, a week ago, Mrs. — was no larger than is usual at the fourth or fifth month. That, being down stairs, she told a friend of the sudden increase of size, and begged her to feel the abdomen. As she had never detected any fulness before, the present state of things struck her as very extraordinary. Her physician had seen her on Friday, before an attack of the pains in the abdomen, and elsewhere, as above described; but was sure that her size was then natural. He, however, had not stated that she had so suddenly increased in bulk.

Examination per vaginam.—This showed the vagina to be entirely empty. Its *cul-de-sac* was drawn up almost out of reach, and felt to be forcibly on the stretch. Os uteri could not be reached. It was at once inferred that, in the rapid growth of the womb (for the distension of the abdomen could not be well explained without referring it to enlarged womb), it had risen strongly into the abdominal cavity, and had dragged up with it its vaginal connections.

The question now arose, upon what this sudden enlargement of the womb depended. At first, it was asked if it did not depend upon *internal uterine hemorrhage*. Dr. C. had been called to a case of this kind occurring at a late period of pregnancy. Death had occurred before he reached the address, and this was only about ten hours after the first symptoms of uterine trouble were manifested. These were agonizing uterine pain, violent jactitation, paleness, faintness, sunken pulse, coldness, increased fulness and tenderness of abdomen, &c.—to ordinary symptoms of great hemorrhage. Examination discovered the womb to be full of blood; the placenta and membranes everywhere detached from the womb, and an eight months' child in its cavity. In none of its symptoms did the present case resemble that just briefly described.

The whole situation of the patient was so critical, and the extreme difficulty of deglutition so great, every attempt apparently threatening death, that it was pretty obvious she could survive but for a few hours only. Dr. C. learned, early in the morning following his visit, that Mrs. — died at 8 o'clock the evening before, and about four hours after he left her house.

Autopsy, twenty hours after death.—External appearance and state, striking. The face, especially the cheeks, which had been intensely red the day before, retained their colour perfectly. The blush was so distinct that it seemed impossible that life had departed. The limbs were, however, perfectly rigid. Sugillations existed in all their usual situations—neck, back, axillæ, &c. &c.; the whole state, in short, showing the questionless presence of death. The abdominal tumour was softer than before death, and had somewhat subsided.

Upon opening the abdomen, the womb was found reaching from the symphysis pubis to the epigastrium, and filling out fully the sides of the abdominal cavity. It was mottled, or rather streaked with dark, livid markings, which have never been before met with by Dr. C., and looking as if its cavity were filled with a dark fluid. The surface was perfectly smooth, and without any marks of inflammation of its peritoneal cavity. Upon raising the womb, the Fallopian tubes were found pairing off from its sides midway of the organ, precisely as happens to them at the close of pregnancy. The ovaries presented a very singular appearance. Upon raising the womb, they were seen hanging at its sides about five inches in length, and very closely resembling in shape the enlarged kidney, having the narrowing or depression of that organ at the pelvis. The ovaries were filled with a fluid in cysts. It did not

resemble the ordinary oily fluid of ovarian dropsy. On the contrary, it exactly resembled water. The ovaries were distended with this liquid, and so weak were the cysts that they broke and discharged their contents on very slight pressure, or careless handling.

Upon opening the cavity of the womb, about four quarts of perfectly colourless fluid flowed out. At the close of the discharge, some blood appeared. This had probably been effused recently, or during the examination, as the water was not in the least coloured by blood. A foetus was seen in the lower part of the womb in its membranes, and being removed, another foetus was discovered still lower in the external cavity. Both were males, and the first seen was much larger than the other. The cords passed downwards, and were found springing from a single placenta, situated over the os uteri, and attached to its neck. The placenta was easily detached, being softened almost to the state of grumous blood. The decidua was very distinct in patches; but generally it was found separated from the uterine surface. The substance of the womb was about four lines in thickness, and seemed watery. There was no effusion into the peritoneal cavity. There was no other disease discovered.

Remarks.—The distinguishing fact in this case is the rapid increase in the size of the abdomen. It occurred almost in a day. It had been preceded by pains, and weakness, loss of appetite, great heat, rapid pulse. But the medical attendant felt sure that, up to the time above spoken of, one week before my visit, he had discovered no increased size. The question occurred, to what this rapid formation of fluid was owing; what was its source? Dr. Channing supposes it to have been secreted by the womb, and that it was collected between it and the membranes. He thinks the preceding symptoms show this, and that no case of excessive *liquor amnii*, in his recollection, presents such symptoms. In this last disease, the fluid collects slowly, and becomes a cause of trouble and distress by the over-distension accompanying it. Then, again, Dr. C. said, the very unusual state of the ovaries favoured strongly the doctrine that the fluid in the womb was directly produced from the organ itself, and not from one of the foetal membranes. The ovaries were both of them very large, the right the larger, as was the foetus in the right part of the womb much larger than the left one. This size was owing entirely to serous effusion into, and distension of the ovarian vesicles, as before stated. Dr. C. thought it was highly probable that the disease of the ovaries began at the same time with that of the uterus.

Of the treatment.—It was pretty clear on Friday, as Dr. C. remarked, that treatment was out of the question, it being obvious that life, under such circumstances, could not be sustained much longer. It was proposed to puncture the membranes. But, in the first place, the os uteri could not be reached; and in the second, death would probably have been chiefly incident to the operation, so near to death was Mrs. — at Dr. C.'s visit. The *autopsy* showed what was the situation of the placenta. Hemorrhage must have been the result of the operation above referred to.

From the whole history of the case, is it not probable that it was produced by the various measures which had been adopted to procure abortion? Others were referred to besides those above named, and doubtless together they produced the arterial disturbance, and ultimately the disease which ended in death.

Fibro-plastic Infiltration of the Skin.—Dr. HENRY J. BIGELOW showed the specimen, a piece of the skin of a female breast, as large as the palm of

the hand, studded with cancerous-looking tubercles. The microscope declared their non-malignant character. The mass had been extirpated at the age of 10, 27, and now again for the third time, by Dr. B., the patient being 47 years old.

Fibro-plastic Tumour in the Parotid Gland.—Dr. HENRY J. BIGELOW exhibited a tumour of the size of a small billiard ball, removed from the parotid of a female. Tumour of twenty years' standing; very friable and granular. It lay deep behind the angle of the jaw upon the styloid process, and under the sterno-mastoid muscle.

Deafness, nearly total, following Sumatra Fever. Recovery ten months after. Reported by Dr. BETHUNE.—A gentleman, 30 years old, consulted Dr. B. on December 19, 1851. His health was generally good. Seven months before, he had fever in Sumatra, and on recovery found himself nearly wholly deaf, in which state he continued up to the time Dr. B. saw him. At that time he could hardly be made to hear anything. Tinnitus formerly, now none. No pain. He suffers much from cold in the ears and back of neck. On examination, meati wholly destitute of cerumen. Tympana somewhat opaque. He was ordered tr. iodini to mastoid processes; to be repeated every three to five days, according to the amount of irritation produced, and to take internally tr. hyd. oxymur. gr. one-sixteenth, three times a-day, gradually increased. (He had had leeches and blisters without relief.)

At the end of eighteen days he had somewhat improved in hearing, and soon after reported a further improvement, and a diminution of the cold feeling. Feb. 5. Still improving, cerumen now abundant. He continued his treatment till the sublimate was increased to about one-fourth gr. three times a-day; being followed by tenderness, with pain in abdomen, and slight soreness of gums, it was intermitted for a few days and again resumed. The last time Dr. B. saw him, he could hear with ease common conversation addressed to him, and in church could nearly follow the clergyman throughout the service and sermon. The wax has become so redundant as on two occasions to require removal.

Dr. STORER referred to a case reported by him some months since, of a woman at the hospital, who had severe cerebral symptoms which were relieved by mercury [see *Extracts*, pp. 199, 200].—Dr. S. stated that she left the hospital some time after he reported her case, and was carried to Deer Island, where she remained for a considerable time, when all the bad symptoms returned which were manifested while she was at the hospital; and she died a week or two since. Upon *post-mortem* examination, the vessels of the brain were found very much congested; and the portion of the right frontal bone where the node had existed was thickened to a great extent. It has been ascertained that, years since, she suffered from syphilis.

May 10.—Curvature of the Lower Extremities.—Dr. J. B. S. JACKSON mentioned a case of this deformity, which he first saw three years since. The child was then very bandy-legged; some mechanical supports were worn for a while, but, being found cumbrous, were thrown aside. The limbs began to bend when the child began to walk, and the curvature was greatest at the age of two and a half to three years; both lower extremities bowed throughout. Yesterday Dr. J. again saw the child, and found the limbs *perfectly straight*; the child walking as well as any child.

Dr. HENRY J. BIGELOW said that he supposed nine cases out of ten got well of themselves. He alluded to Guérin's treatment of a certain case, a female patient, taken to him by Dr. B. No mechanical support was employed; invigorating means to the system in general; the seaside; frictions; continual use of a half and half mixture of claret and water. Cure.

Dr. COALE asked if it be not true that nature nearly always repairs such deformities? He referred to the deformity sometimes observed in infants, the head being distorted by continually nursing at one breast; the head recovers its shape again.

Dr. JACKSON said that the heads of adults are often unsymmetrical. The Germans, from a peculiarity in their tending, while children, get the occiput flattened. Dr. J. also spoke of a case of flattening of the occiput as a consequence of scrofulous disease in the cervical vertebræ, it being necessary to place the child constantly on its back.

In answer to a question from Dr. Jackson, as to the treatment of curved limbs, &c., Dr. BUCKMINSTER BROWN made the following remarks: In the cases referred to by Dr. Jackson (*genu extrorsum*), there is much weakness of the ligaments of the knee-joint, and the bones are likewise generally implicated. These cases will sometimes completely recover by merely strengthening the general system; but those more formidable cases, in which the curve is very marked, involving both the tibia and fibula, and commencing about three inches above the ankle, are probably never cured without surgical treatment. Dr. Brown mentioned an operation which he had seen performed in Paris, which consisted in straightening the limb instantaneously, by a process of gentle but forcible traction; producing, in certain cases, what may be termed a sub-fracture, or, as the French term it, "*fracture lamellaire interstitielle*;" in other cases, the softened bone is simply moulded into its proper shape, the hands of the operator being the only instrument employed.

The periosteum in either case is left uninjured. The limb afterwards receives appropriate support by splints, &c. This operation has been done under the authority of, and the cures authenticated by, a number of the most distinguished French surgeons. MM. Louis, Dubois, Blandin, Jobert, Rayer, Serres, and Orfila have given it their unqualified support.

Dr. B. said that this operation is applicable to certain cases only, and in these it offers a valuable addition to our means of removing this deformity. It is not followed by inflammation, constitutional irritation, or by any injury to the general health; and there is apparently less pain attendant upon it than accompanies the division of a tendon, or any of the minor operations in surgery.

Dr. B. likewise stated that the apparatus which had been found most useful (in cases where no operation was admissible, or where, from the debility of the subject, or from any other cause, the surgeon does not feel authorized to run the risk of leaving the result to unassisted nature) consists of a steel spring applied to the concavity of the affected limb, taking for its points of support the internal malleolus and the internal condyle and tuberosity of the femur. Lateral straps extending from this spring grasp the convexity of the curve, and tend constantly to draw the growing bone towards the said spring, and to give that support which is here so strongly indicated.

This is a very efficient instrument, and its importance will be readily appreciated in the cases under consideration, if the disadvantages to which the feeble limbs are subjected be duly considered, the weight of the body causing the limbs to bend, and so an indefinite increase of the distortion becoming imminent. The hygienic treatment already mentioned, country air, wholesome food, and tonics, if deemed necessary, are important as auxiliaries.

Dr. BETHUNE asked, if recurrence of the curvature is likely to happen after the above mode of straightening and treatment?

Dr. BROWN replied that the support is to be continued until the system seems sufficiently strong to warrant trusting to its powers alone. Recurrence is not likely.

Dr. INCHES spoke of the effect of bad diet, and of diet improper to the age of children; these are often the causes of this sort of deformity. After the above operation, a proper diet confirms the cure. Rachitis, remarked Dr. I., nearly always exists in these cases. He had observed curvature, of the nature above referred to, of the forearm, and it was treated in the manner mentioned by Dr. BROWN.

Dr. W. E. TOWNSEND had seen, in a very healthy situation, near the White Mountains of New Hampshire, a family, *all* the children in which were unable to stand upright; the limbs were curved and rachitic; the bones breaking frequently. In this instance, which is a remarkable one, the state of the system could not have arisen from deprivation of light and air, mentioned as a cause by some members of the Society.

Hemorrhage from the Mouth and Anus in a newly-born Child.—Dr. COALE reported the case. The child, born on Friday last, was, to all appearance, well; the parents healthy. The day after birth, Dr. C. noticed some coagulated blood in its mouth. In the evening of the same day, it vomited much fresh blood, saturating two towels. R.—Acidi sulphurici aromatici; guttam unam. Repeat every two hours. Next day, appearances more favourable. The blood was voided by the mouth and by the anus. On the third day, the hemorrhage having ceased, there was substituted for the acid, sulphate of iron, in the dose of one-sixth of a grain, in solution, every three hours. This was continued for three days, gradually increasing the interval between the doses. The child, which Dr. C. supposed could not recover, is now four weeks old, and quite hearty. Dr. C. remarked that he knew of no case where such an amount of bleeding, at such an age, had not proved fatal. The effect of the astringents employed was apparently very marked. The cord was not hastily tied in this case. Dr. C. mentioned this, because injurious results, from tying the funis before the cessation of pulsation, have lately been spoken of, by Dr. Storer, before the Society. The blood was supposed, by Dr. C., not to have come wholly from the stomach. When thrown off, it was very fresh; and that passed from the bowels was but little changed. There was no bleeding from the cord.

Dr. JACKSON referred to a case of very extensive pulmonary apoplexy, recorded in the Catalogue of the Society's Cabinet; he thought it possible that, in this case, there might have been some such trouble.

Dr. COALE said there was nothing to indicate it, that he observed.

Rheumatism: Peculiarity in its Course.—Dr. C. E. WARE mentioned the case of a woman, fifty years of age, first seen by him, for the present attack, two weeks since. Symptoms—fever, chills, pain in left side. Physical signs—extensive dullness on percussion over cardiac region, souffle with the second sound of the heart. On the second day, the right hand became painful; cardiac symptoms abated; on the third day the left hand was attacked, and also the left knee; cardiac symptoms still more relieved. Two days since, severe pain came on in the right side; strong subcrepitant râle over the right lung, and at the base of the left lung; great dyspnoea; bronchial respiration at the base of the left lung; the rheumatic pain in the left hand and

knee diminished. Yesterday, suddenly, rheumatic pain attacked the right wrist, the pulmonary symptoms subsiding. Condition the same to-day.

Typhlo-enteritis.—Dr. W. E. TOWNSEND related the case. The patient was a man, thirty-four years old, stout and fleshy, intemperate in eating, but perfectly temperate in drinking. He was attended by Dr. S. D. Townsend for the present illness, which came on with violent pain in the region of the cæcum, on Wednesday last. He took, of his own accord, pil. cochiae, grs. xv, but there was increase of the pain. Dr. Townsend prescribed three grains of calomel, with some opium; in the afternoon he also took senna; there was continual, great increase of the pain; a small injection procured a slight discharge from the bowels. Next day he ejected from the mouth a fluid resembling senna in appearance. Nothing medicinal taken but sulphate of morphine. Death occurred on Sunday morning last.

Patient has had similar attacks about every six months, for the last four years; which generally were relieved by pil. cochiae.

Post-mortem examination disclosed slight peritoneal inflammation around the cæcum; the appendix cæci greatly diseased, and a communication through the appendix into an abscess just external to the intestine. Intestine perfectly pervious.

Dr. JACKSON remarked that there was no foreign body in the appendix, in this case, as is usually found. He added that it is difficult to account for so great an amount of inflammation in the absence of a foreign body; the latter may be lost through the perforation in such cases, passing into the cavity of the abscess. In this instance, the appendix was obliterated near to the cæcum; up to the line of obliteration, it was quite healthy; where diseased, the parietes were greatly thickened, and gangrene seemed threatening. The abscess just external to the appendix is very nearly constant in these cases. Dr. J. added that it is a very curious fact that, the intestines being found so free from any obstruction, the symptoms of stoppage should be so very marked.

Dr. Townsend, Jr., said that the case had been supposed to be one of intussusception. He added that the fat on the linea alba measured from one and a half to two inches in thickness.

May 24.—Encephaloid Disease of the Head and Face.—An account of the case was read by Dr. PERRY. I. H., aged five years and seven months, having previously had perfect health, and without any predisposition to malignant disease, was affected about the middle of December last with a swelling near the angle of the lower jaw, on the right side. When it was discovered, his parents supposed it arose from a carious tooth, and took him to a physician in the neighbourhood, who extracted the back molar tooth. The swelling, however, continued to increase; and on the 15th of February, two months after the commencement of the disease, Dr. P. saw him. He was looking rather pale, but otherwise seemed in good health; appetite good; bowels regular; pulse 80; respiratory functions normal; complained of no pain. The swelling at this time was perhaps half the size of a hen's egg, quite elastic to the touch, and not painful on pressure; subsequently, it continued constantly to increase in size, until it occupied the whole of the right cheek, pressing the soft parts into the mouth, separating the jaws, and at last preventing the child from taking anything but liquid food. About three weeks before his death, which took place on the 18th of this month, ulceration commenced on the inside of the cheek, which freely discharged a bloody,

offensive fluid. Early in March, a swelling appeared under the left eye, and soon after, another came back of the left ear, and one near the angle of the lower jaw on the left side. The last two did not increase much in size, but the one under the eye pressed up the lower lid so as completely to close the eye.

The veins over the entire surface of each of these swellings were enlarged, but the skin was pale like the rest of the body. About the time the swelling commenced on the left side, the head began to assume an elongated appearance, and before death, the frontal and parietal bones were separated several lines. A few days before death, the measurement from the point of the tumour on the right side, to the occiput, was eleven and a half inches. Some weeks before his death he lost his sight, and partially his hearing. The other senses he retained to the last. Through the whole course of the disease, until within twenty-four hours of his death, when he became delirious, he retained his intellectual faculties, and all the functions went on well, except nutrition. He died anemic. He complained of no pain; his appetite was good; for the most part of the time he slept well; the bowels were regular; the urinary secretion healthy and abundant. He was seen by Drs. Warren, Bigelow, Storer, Jackson, and Clarke.

The *post-mortem* examination was made by Dr. J. B. S. JACKSON, who stated the following appearances to the Society:—

The head was first examined. Dr. J. compared the diseased mass to blood recently effused and coagulated; in some portions, fibrin was observed. The mass extended above the zygoma; the same disease existed in the dura mater; over the vertex, the membrane, for a space of two inches, was lost in the diseased mass; the inner walls of the cranial bones were eroded in spots; the frontal bone was separated from the parietals and from the sphenoid. On the left side there was a sanguineous tumour of the dura mater. The brain was healthy; also the other organs, except the kidneys, which were extensively and deeply ecchymosed. One of the kidneys was exhibited by Dr. Jackson, and a drawing of one of them by Dr. Perry. Also drawings of the child's head and face, both front and profile view, were shown by Dr. P.

Dr. HENRY J. BIGELOW thought the principal points seemed to be the absence of white tissue in the diseased mass; the lack of appearances peculiar to encephaloid; also, the lesion of the kidney was not mere ecchymosis, there was actual disease; the coagulum-like matter was more cellular than bloody; what light-coloured material existed was slightly fibroid, but chiefly cellular; the cells had much the appearance of pus-cells. Dr. B. showed drawings of the cells; he added that the constitutional character of the disease was sufficient to establish its cancerous nature.

Dr. BACON remarked that the portion of the diseased mass examined by him was so injured by decomposition, that he could not be positive as to the nature of the cells; he, however, supposed them to be cancerous.

June 14.—Fatal Hemorrhage from the Funis.—Dr. STORER reported the case. Dr. S. was called, May 23, at 10 P. M., to Mrs. T—, in labour with her fourth child. In an hour she was delivered of a fine, large, healthy-looking child, weighing about eight pounds. The funis was tied with a piece of narrow bobbin. After seeing the swathe applied and the patient comfortable, Dr. S. left her. At about five the next morning he was called to see the child, which was bleeding from the funis; found it pallid, cold, the pulse scarcely perceptible. Efforts were made to revive it, but it died in a few minutes after Dr. S. reached the house. The ligature applied just after birth was still upon the

funis, and at the extremity of the funis was a coagulum. The greater portion of the funis was of a bright arterial colour.

After the birth of the child, Dr. S. waited, as is his custom, for the pulsations of the cord to cease, and then applied the ligature with the usual force, examining to see if the bleeding was stopped; and again, after the expiration of fifteen or twenty minutes, after the mother had been swathed, he looked, as he invariably does before leaving the chamber, at the funis. It did not bleed. It appears, from the remarks of the nurse, that the child was applied to the breast in about one hour after Dr. S. left. No bleeding was then noticed, and the child readily took the nipple. Between four and five in the morning, four or five hours after birth, its clothes were found saturated with blood, and Dr. S. was sent for. That the ligature was applied with as much care as is usually taken, Dr. S. is certain. The fact of there being no bleeding at the end of nearly half an hour after the funis had been tied shows this to have been the case. The bleeding seemed to be produced by the gradual contraction of the parietes of the funis, by which the ligature became loosened.

Does not the result of this case prove that it is well in *all cases* to wait until the pulsation ceases in the funis, before applying the ligature? This was done here, and the case was fatal. Would not this accident be more likely to occur if this caution were not observed? Dr. Storer added that he remembered hearing one of our oldest practitioners relate a case to this Society, in which the ligature having been applied, the funis was severed next the child, *within the ligature*, no bad consequences ensuing. The absurdity of such a practice ever being justifiable is strikingly shown by the case above recorded.

The child was examined, *post-mortem*, by Dr. Jackson, who found nothing abnormal.

Dr. TOWNSEND, Jun., reported a case in which the bleeding, which occurred a few hours after birth, and which was quite profuse, ceased spontaneously.

Dr. JACKSON supposed the bleeding, in the case narrated by Dr. Storer, to have been from the umbilical vein, as this vessel was found open while the arteries were shrunk.

Puerperal Convulsions; Premature Labour.—Dr. STORER reported the case. May 27, visited Mrs. H., at the request of her physician. Saw her at 5 P. M. She was, at that moment, struggling with an epileptic convulsion, which lasted about three minutes. She had had, since one o'clock in the morning, twenty-eight similar attacks. Upon examining the case, Dr. S. found she was twenty years of age, and this was her first pregnancy. She expected in a week or two to have terminated her time. The attending physician had bled her, and made cold applications to the head without relief. She had had slight pains, and upon examining the os uteri it was found to be sufficiently open to reach, with an effort, the unbroken bag of waters. Dr. S. advised puncturing the membranes, which was readily accomplished. After the waters had passed off, and the pressure was partially removed, the convulsions were less severe; and, for an hour previous to her delivery, none occurred. At 8 o'clock, about three hours after, her child was thrown off, still. She soon became comatose and died.

Bleeding and the anaesthetics have so often failed of success in puerperal convulsions, that Dr. S. was induced (recalling a case of this kind occurring in his own practice two or three years since) to suggest the above course of treatment, and he cannot refrain from thinking that, had it been adopted earlier, the result might have been different.

Abnormal Presentation of the Fœtus.—Dr. STORER reported the case. The presenting parts were the two hands, and between them the right foot. The patient lived out of town; had had five children; at each accouchement, she had been attended by a midwife; her labours had been natural. Dr. S. was called to see her at 10 o'clock P. M., on the 29th of May. She had been in labour since the morning of the day preceding. Two midwives were in attendance; one had been with the patient since the commencement of the labour, the other during the second day. On Dr. Storer's arrival, he found the patient not much exhausted nor depressed in spirits; on examination, Dr. S. discovered that the mouth of the uterus would allow two fingers to pass readily, and a third when the three were drawn together with some effort. After some difficulty, Dr. S. made out the presentation of the hands and one foot in conjunction; he had never before met with such a case. The contractions of the uterus were strong, rendering the examination difficult and tedious. A loop of the funis hung from the vagina, having presented, according to the attendants, since the passage of the waters, more than thirty-six hours previously. The child was dead; how should it be delivered? The head could not be reached by the forceps or crotchet; an arm might be drawn down, and the case left to the chance of spontaneous evolution; or, when down, the arm might be amputated and the fœtus eviscerated. Dr. S., however, preferred to turn and deliver by the feet; accordingly, by the aid of ether having effected some relaxation of the uterus, he commenced his operations. The right foot, compressed between the two hands, presented at the brim with the toes towards the abdomen of the mother. Finding it impossible to bring down the presenting foot, from its being so firmly wedged between the two other members, Dr. S., after a long trial, succeeded in pushing aside a hand and then the arm, which gave opportunity to search for the other foot; this being found, after long-continued effort, high up in the pelvis, on the left side of the uterus, was brought down; and, while in process of descending, the child rotated and both feet presented at the vulva, with the toes towards the pubis of the mother. After the birth of the body, the head was readily disengaged by raising the abdomen of the child upwards towards that of the mother, causing the occiput to travel over the sacrum. While endeavouring to bring down the second leg, the presenting foot was kept in place by a fillet over the ankle. The whole operation occupied a little more than an hour; in half an hour after removing the child, the patient was left comfortable.

In relation to this case, Dr. S. remarked that, had the child been living, it would have been proper to have brought down, if practicable, but one foot; the superior bulk of the breech and thigh acting much better than a single limb in effecting dilatation of the parts, and in thus facilitating the progress of the head. Dr. S., while mentioning never having seen such a case, stated that none similar to it had been noted by Dr. Lee, in over one hundred cases of preternatural labour; although a case is mentioned by Madame Boivin, in which all the four extremities presented; and he intimated that such a presentation might possibly have been produced by some other power than that of nature.

Dr. STORER also related the following case of *Placenta Prævia; Death from Exhaustion.*—On the 26th of May, at 6 P. M., he was called to see the patient in consultation. The attending physician had been summoned several hours previously on account of a sudden hemorrhage, which occurred while the patient was sitting upon a cabinet. Cold was applied, and the vagina was plugged; blood still flowed in small quantity, till the patient became enfeebled,

and it was estimated that about one gallon of blood had been lost. Dr. S. was now called, and advised, as the placenta was found to cover the os uteri, its immediate detachment. This was effected, and the hemorrhage ceased. Dr. S. advised, additionally, that the patient be watched, and that no attempt be made to deliver; he was called again at 4 o'clock the next morning: the head had now descended into the pelvis, but the expulsive efforts were feeble, and the child was delivered by the forceps. The patient remained comfortable for two or three days, when she began to sink, and died on the eighth day after delivery. Dr. S. was of opinion that, as nothing could have been done in the outset to hasten delivery, from the unrelaxed state of the os uteri, death was, probably, delayed by the non-interference.

Hemorrhage from the Funis on the Second and Third Days after Birth.—Dr. SNOW related the case: He was sent for on the second day after birth, some hemorrhage having occurred, and he then applied a new ligature, supposing the bleeding to be from the cut end of the cord. He was again summoned the following night, the hemorrhage still continuing; a third ligature was applied. On the next day, the child appeared to be dying; and, on removing all the cloths, the blood was found to proceed from around the base of the cord. The nurse had removed the dressing from the funis on the day after birth, which Dr. S. thought might have caused the accident.

In reply to a question by Dr. Minot, Dr. Snow remarked that there was no yellowness of complexion, nor anything peculiar in the external appearance of the child, which died on the fourth day.

Occasional Effects of the Local External Application of Medicinal Agents.—Dr. BETHUNE reported three cases in which these effects were quite marked. The first was one in which atropine was the remedy used; its strength, grs. iij to ʒj of alcohol. This was twice applied to the eyes of an old gentleman; it caused pain in the part, and, subsequently, delirium, which was so violent that the patient threw himself out of bed, bruising his face. The second instance was a case in which the same preparation was employed on a child seven or eight years old; its effect being to produce sleep which continued for thirty-six hours. The third was that of a physician, Dr. B. prescribed the application of croton oil, together with the ammonia liniment, in the proportion of ʒj of the former to ʒj of the latter, for some trouble in the ear; it was directed to be applied over and about the mastoid process; about half a teaspoonful of the preparation was rubbed in at a time, producing, after the first application, two or three discharges from the bowels.

Dr. ABBOT reported a case of very free application of croton oil. A gentleman having mistaken a bottle of this substance for hair oil, anointed his head quite thoroughly with it, rubbing it in. In a short time, the whole face became extremely red, the eyes were also red and painful, causing much distress; each hair-bulb seemed inflamed; relief was afforded by an opiate; about a teaspoonful of the oil was applied; the bowels were not affected.

Dr. STEDMAN remarked that he had ordered the application of this article as a counter-irritant to different parts of the body, particularly the chest and abdomen, in numerous instances, without fearing or having met with its effects on the bowels.

Dr. BETHUNE said he had never remarked such effects before, although he had used the croton oil in several hundred cases.

Dr. SNOW mentioned a case wherein the patient, having been directed to apply the oil for pains in the chest, anointed the entire chest with it. Much

inflammation of the skin followed, causing great agony; but there was no cathartic effect.

At the meeting next succeeding the above (June 28), Dr. STORER related the case of a patient who, having applied croton oil to the epigastrium, experienced very powerful catharsis therefrom.

Dr. JACKSON mentioned an instance where fourteen drops, applied to the chest for pulmonary trouble, caused a plentiful eruption without any cathartic action.

Dr. PUTNAM alluded to a case in which its application was not followed by catharsis.

[The cases in which catharsis immediately succeeds the application of croton oil to the skin by friction are, of course, acknowledged exceptions, and, as such, the more worthy of record wherever the effect can reasonably be predicated of the cause. Wood and Bache, referring to the *Dictionnaire des Drogues*, state its *dictum*, that "four drops, applied by friction around the umbilicus, will produce a purgative effect." It would seem far more likely that such effects should be caused by the application of the substance to the epigastric and abdominal regions than when it is used upon other parts more remote from the intestinal canal. Andral, in his experiments made at La Pitié, in 1831 and 1832, and afterwards reported by Joret, found no cathartic effect strictly traceable to the oil, applied by friction; in six cases where friction over the abdomen was made with a mixture of the croton oil with that of sweet almonds, there was no purgative action. Among nine cases in which the pure croton oil was used, a single patient was purged; twenty drops were often used. Andral concluded that, very probably, the purgation observed in the single instance mentioned was owing to some inappreciable cause (*Vide* Trousseau et Pidoux, *Traité de Thérapeutique*, etc., tome i. pp. 685, 686). Rayer states that he procured numerous alvine evacuations by the application of one or two drops of the oil upon a surface denuded of cuticle by a blister.—*Secretary.*]

Microscopic Anatomy of the Fetus.—Dr. DURKEE exhibited some beautifully prepared specimens from the foetal subject, arranged by himself with great care and skill for the microscope, and showing the villi and mucous follicles of the stomach and small intestines; the appendix vermiformis; mucous surface of the trachea and œsophagus; sections of the kidney, showing the stellate distribution of the bloodvessels upon the surface, and the veins distributed in sets in the tubular portion; sections of the thyroid, thymus, and mesenteric glands; the pancreas and lungs; also a portion of the choroid coat having the *venæ vorticosæ* and pigment-cells injected, and being distinctly shown both by transmitted and reflected light. Dr. D. likewise showed some specimens of the skin from an adult subject, wherein the looplike arrangement of the capillaries which are sent to the papillæ was very manifest; this is to be seen to good advantage in the palm of the hand and under the nails.

Dr. JACKSON stated that the foetus from which the above specimens were obtained was taken from a woman aged forty-two years, after her death, and who was supposed to have died of an abdominal tumour. The real cause of her death was not, however, disclosed by a *post-mortem* examination. She had been in labour two days, unknown to the family, when she was attacked by convulsions at 10 o'clock in the evening, and died next day at 5 o'clock A. M. The probable cause of death was effusion into the brain.

Dr. J. showed the ossicula of the foetal ear, consisting of three bones, the

incus and orbicular being united and forming one, as is usually the case, except in the *fœtus*, where, it is said, these two bones are detached. Dr. J., however, had seen one case previously, where, in the *fœtal* state, these bones were united.

June 28.—*Ventral Hysterocele*.—Dr. STORER reported the case. June 2. Three weeks since, Dr. S. visited Mrs. W——, Pleasant Street, who expected to be confined in a few weeks. Upon inquiry being made, it was ascertained that the present is her third pregnancy. The *first* labour was tedious, and her child was stillborn. In her *second* pregnancy, she was delivered at the eighth month, and her child had been dead sufficiently long to have become offensive to the bystanders. Since her last delivery, which occurred about a year since, her health had been poor. She is now quite languid, pallid, evidently much depressed; thinks she never can have a living child.

Upon examining her abdomen, Dr. S. noticed a very singular condition of the recti muscles, which were separated so extensively from each other that there existed a peculiar sacculated appearance of the abdomen, which was strikingly marked upon any forward motion being made by the patient. This separation was observed along the whole extent of the *linea alba*. The projection between the recti muscles resembled that produced oftentimes by an enlarged ovary; and the feeling transmitted by examining the hernia was similar to that of an exaggerated fontanelle, and beneath the finger the number of the several extremities of the *fœtus* could be defined as clearly as if a rupture of the uterus existed.

The *fœtal* heart was feebly pulsating. At the expiration of a week, Dr. S. again saw the patient. She was exceedingly depressed, and remarked that she had not felt the motion of the child since Dr. S. examined her. Upon a repetition of the examination, no *fœtal* pulsation could be heard, and it was concluded that the child must be dead. Dr. Putnam, to whom Dr. S. had spoken of this, to him singular abdominal hernia, saw her a day or two afterwards.

Now, June 2, patient is in labour. During each uterine contraction, the organ was thrust between the recti muscles with great force; and, fearing that serious results might follow, Dr. S. applied a broad swathe around the abdomen. The labour continued only about two hours, and the patient did not suffer unusually. The child was *still*, and exhibited large patches upon its surface, where the cuticle was entirely denuded. The condition of the *placenta*, which was quite small, indurated throughout, and exhibiting upon its *fœtal* surface two large cysts, each of the size of a chestnut, filled with coagula, readily accounted for the death.

Patient does not remember that any similar condition of the abdomen existed in either of her former pregnancies; nor does she seem to have experienced any decided inconvenience during this *last* pregnancy, except during any forward motion. The mere stooping forward to wash the cups after a meal produced so much uneasiness that she had been obliged to desist from the operation for weeks previous to her delivery. She cannot recall any violent exertion by which the separation of the *linea alba* could have been induced.

Dr. S. added that, from never having previously met with a case of ventral hysterocele, and from the fact that those writers who refer to the subject point to individual cases which have been published, he inferred its rare occurrence.

Recovery from Ascites after Tapping.—Dr. HAYWARD, Sen., reported the case. The patient was an intemperate man, whom Dr. H. saw for the

first time in November last. He was then suffering from ascites. The existence of some organic disease was at that time supposed by Dr. H. The patient was tapped in December; sixteen quarts of serous fluid were evacuated. Five weeks subsequently, eighteen quarts were taken from him. The operation was again performed, four or five weeks afterwards, in March, when twenty quarts were drawn off. Since that time, there has been no return of the affection, and Dr. H. is unable to detect any organic disease. Dr. Hayward remarked that this is the third case of recovery from ascitic affection after tapping, that has occurred in his own practice. In one of these cases, the patient had been under treatment for dyspepsia. On tapping her abdomen, a small quantity only of fluid was drawn off, but the affection did not recur. In the second case, twenty-two quarts of serous fluid were drawn off; no effusion followed. The patient recovered entirely, and, in the course of two or three years, gave birth to a healthy child. Both mother and child are still living.

Dr. PERRY mentioned two cases of recovery from this disease after tapping. In one, the patient was cured by hydriodate of potash, with compression, having been previously tapped three times. The other case was of a patient tapped three or four times by Dr. Bartlett, of Roxbury, and who afterwards recovered. Dr. Perry added that these two were, not improbably, cases of subacute peritonitis.

Early Menstruation.—Dr. PERRY related an instance of menstruation occurring in a child four or five years of age; the child to all appearance healthy, although Dr. P. supposed her to be scrofulous. The tonsils were slightly enlarged, and she had once had inflammation of the eyes. She had menstruated five times at the regular intervals. Dr. P. recommended no treatment, but advised country air.

In answer to a query by Dr. JACKSON, Dr. PERRY stated that the mammae were somewhat developed, but nothing peculiar was remarked about the pubes. The secretion had the usual appearance of the menstrual discharge, and continued for two or three days.

Remedy for the Nausea and Vomiting of Pregnancy.—Dr. GOULD spoke of the application of chloroform to the epigastrium as having been found to afford prompt and permanent relief in four cases of the above affection. A few drops, only, were applied at a time.

Dr. BIGELOW was of opinion that chloroform acted as a counter-irritant. He mentioned the case of a patient in whom vesication was produced by a few applications of this substance for pain in the side. It had not always been found to relieve pain. Dr. B. had tried the chloroform ointment, spoken of at a recent meeting by Dr. Channing, in various forms of neuralgia, and, in a few cases, had obtained temporary relief; in no instance was the relief permanent. Dr. B. doubted the alleged anodyne properties of chloroform, when applied to the skin, as it cannot act through the cuticle.

Dr. STORER remarked that, although nausea and sickness in pregnancy may be temporarily relieved by this application, he was in doubt as to its affording permanent relief, the affection being of a sympathetic nature. He considered the cases reported as possibly exceptional.

Dr. COALE related a case in which the sickness came on when the patient rose from the horizontal posture. In this instance, chloroform afforded immediate relief, lasting three to four hours, when it became necessary to renew the application.

[At the next subsequent meeting of the Society,

Dr. ALLEY reported a case of morning sickness in a patient seven months advanced in pregnancy. Relief was obtained by the external application of chloroform to the epigastrium. The remedy was applied four or five times in the day, for two successive days, with entire relief to the patient, producing little or no irritation upon the skin, a slight redness only being perceptible.

In answer to Dr. STORER's inquiry whether the relief were permanent, Dr. A. replied that four days had now elapsed since the disappearance of the symptom. No other counter-irritant remedy was employed.

Dr. SNOW asked Dr. STORER if he had employed, successfully, any other counter-irritant remedies in this affection.

Dr. STORER had tried the usual remedies of that class, but without expecting, or having found, permanent relief from them. He had frequently seen temporary relief follow the employment of blisters, &c.]

Arsenic in Remittent Fever.—Dr. C. E. WARE related a case of the above disease, occurring in a lady who had resided for three years at the West, where she had, three years since, what was called bilious remittent fever. Dr. W. at first considered it a case of typhoid fever. On the fourth day, however, the disease assumed the character of remittent fever, and there was yellowness of the skin, with some tenderness of the hepatic region; no diarrhoea; a peculiar chill and reaction occurred every second day; the chill lasting for half an hour, and the febrile reaction for four or five hours. Dr. Jackson saw the patient on the tenth day, and suggested arsenic, in the dose of six drops of Fowler's solution three times a day. The first attack, after commencing this remedy, took place on the subsequent day, and was quite severe. Twelve drops were now given every five hours. The patient suffered no farther attacks, and became at once convalescent.

Accidental Salivation.—Dr. COALE mentioned a case of this affection, in which periodical exacerbations took place twice in the twenty-four hours; viz., at one in the morning, and at the same hour in the afternoon. Quinine was given with success. The patient had not had intermittent fever, but had suffered from fever in the East.

Dr. DURKEE stated that, in the above case, which had been sent to him by Dr. Coale, the occurrence of salivation was from the application of an ointment made of $\mathfrak{z}\text{v}$ of white precipitate to $\mathfrak{z}\text{ij}$ of lard. This was applied pretty freely to the throat and lower part of the face, which parts were the seat of psoriasis guttata, and salivation followed on the fifth day. This was the first case of salivation produced by this remedy that had fallen under Dr. D.'s notice.

Dr. COALE mentioned another case of salivation produced by the application of the "black wash" to the throat.

July 12.—Almost Complete Occlusion of the Vagina. Reported by Dr. HAYWARD, Sen.—Dr. H. stated that he had recently operated in a case of this nature. The patient had always menstruated regularly, but with pain. She had no suspicion of her condition until marriage, which took place about a year since, when sexual connection was found impracticable. On examination, a septum was found at some considerable distance from the external orifice, with an opening in it so small as only to admit, and that with difficulty, a small probe. A director was afterwards introduced, and then an attempt was made to carry in a bistoury, which was finally successful. A

catheter was now passed into the urethra, and the septum incised in all directions, except towards the bladder. After this, Dr. H. was enabled to introduce the finger, and to pass it completely around the os tincæ. This is the fifth case of occlusion of the vagina that has occurred in his own practice. Two of these were cases of imperforate hymen. The third was a case of congenital malformation of the vagina successfully treated by an operation. Another was one of occlusion produced by sloughing after instrumental labour. This last was also relieved by an operation, the patient having since had a living child. In the case above reported, the septum was unusually firm, cutting like tendon. On examination, six weeks after the operation, it was found that it had afforded complete relief.

Unusual quantity of Liquor Amnii; the Placenta and Fœtus both healthy in Appearance.—Reported by Dr. STORER. The patient was in her third pregnancy. When in her first, she was enormously large, and was delivered of a dead child in the sixth month; the amniotic fluid being in great abundance. In her second pregnancy, the abdomen was also greatly distended, and the labour came on in the eighth month; the child dead, as before. In the present case, labour occurred at the eighth month; there was great distension of the abdomen, and the child, as in the two former instances, was stillborn. A peculiarity of this case was the healthy appearance of the child and of the placenta, in each instance; a condition not usual in cases where the liquor amnii is in excess.

Early Menstruation.—Dr. MINOT reported the case of a woman, twenty-three years of age, who had recently consulted him for headache, having been bled one year before for the same trouble. This patient was run over by a wagon, when nine years old, since which she has menstruated regularly, the function being always attended with much pain.

Obstinate Diarrhœa preceding and following Labour.—The case was related by Dr. STORER. The patient was first seen by Dr. S. ten days ago. She had had diarrhœa for a fortnight, and expected to be confined in one month. On the second day after his visit, she was taken with pains resembling those of labour, and at the end of the second day labour came on; it being the eighth month of her pregnancy. On the following day she had nine discharges from the bowels. Lead, opium, and catechu were given without effect. Finally, sulphate of copper, in the dose of one-sixth of a grain, combined with ten or twelve drops of laudanum, was administered. Dr. S. feared a fatal result. The patient has, however, been improving for two days past, having had but three discharges during the last twenty-four hours.

26th. Dr. Storer reported his patient entirely recovered.

Deafness produced by Quinine.—The case was reported by Dr. HAYWARD, Sen. Twelve grains of the sulphate of quinine were administered, in the course of twenty-four hours, to a patient who had been afflicted with rheumatism. In forty-eight hours after commencing its exhibition, he complained of deafness. There was no dizziness. On the second day after, the deafness was nearly complete. No tinnitus aurium. In twelve hours after having abandoned the use of the medicine, hearing was entirely restored. Dr. H. said he had frequently given quinine in much larger doses, *e. g.*, two scruples and one drachm in the course of one day; but had never before

noticed the above effect. The quinine, in this case, was given combined with gentian. There were no other symptoms.

July 26.—Microscopic Anatomy of the Fœtus.—Dr. DURKEE exhibited several preparations from a fœtal subject, about five or six months old, which weighed only twenty-six ounces, and which he had injected with coloured size. The bloodvessels of both crystalline lenses were injected, and their branches could be seen radiating from a comparatively large trunk, and traversing the lens in every direction, until they were lost near its periphery. In mounting these two specimens, the epithelium between the lens and its capsule had not been disturbed, but could be seen apparently in its normal condition. The membrana pupillaris was exhibited, showing the beautiful arrangement of its fibres, and the ciliary arteries with their branches and anastomosing extremities injected.

The pupillary membrane, examined *in situ*, through the cornea, appeared to be about the sixth of an inch across from point to point of its border, and to consist of an entire web of fibres; but, upon removing it, and placing it on a glass slide, a narrow aperture or slit, as if made with the point of a lancet, cutting through its central portion, could be seen by the naked eye, and was about a line in length. In looking at the membrane through the microscope, an arterial branch, which has been injected, may be seen running parallel to each lip of the central opening just mentioned, and sending off at right angles several exceedingly minute twigs, which also divide and subdivide until they finally inosculate and form a chain of loops, and thus the central aperture appears to be made. A somewhat similar inosculature of bloodvessels is seen in the border of the sclerotic at its junction with the cornea, and also in that part of the choroid membrane surrounding the optic nerve as it penetrates the sclerotic coat in the back part of the eye. In the two latter instances, however, the openings are circular, while that in the pupillary membrane is a mere slit.

Judging from the specimens now exhibited, it would seem that the pupillary membrane must be formed antecedent to the formation of the iris, as scarcely a rudiment of the latter can be found—and how it can be said that the former arises from the latter, it is difficult to understand; yet Todd and Bowman seem to be of that opinion.

Dr. D. also exhibited several teeth taken from the same subject. They were extremely small—some of them not so large as a common flaxseed—and they consisted of mere pulp; yet their cell-structure could be seen, and the nutrient bloodvessels were perfectly injected, so that the microscope brought them distinctly into view. A large number of hairs, with their related follicles and glands, removed from the eyelids of the same fœtus, were also examined by the gentlemen present.

Puerperal Convulsions. Death of Patient, undelivered.—Dr. STORER was called in consultation with another practitioner, at 10½ P. M., July 19, to a patient in puerperal convulsions. She was attacked at six in the morning, and had had repetitions of the attacks during the entire day, at longer or shorter intervals; generally, about an half hour intervening between them. She had been bled at 2 P. M. and at 6 P. M., about twenty ounces each time, but still her convulsions continued.

The patient, a woman about twenty years of age, and at her full period of pregnancy, had the aspect of approaching dissolution. She was perfectly unconscious; the surface of her body was cold and damp; the pulse exceedingly feeble. While examining her, she had a terrific convulsion.

Upon examination, Dr. S. found the os uteri slightly open, just allowing the index finger to pass, and to ascertain that a head presented. He advised that premature labour be attempted; there appeared but little chance that it could be accomplished, but no other alternative presented. The membranes were readily ruptured. Prevented by unavoidable professional engagements from remaining with the woman, Dr. S. requested the attending physician to watch her through the night, and, should she die, as it appeared most probable she would, undelivered, to open the abdomen immediately, and remove the fetus.

Dr. S. was informed the next morning, by the gentleman in attendance, that the convulsions continued to recur about every twenty minutes, until a little past 12 o'clock, when she died, a few minutes after the cessation of a paroxysm.

Dr. — immediately opened the abdomen of his patient, and removed a child, with its extremities so contracted and rigid as to be straightened only by the application of considerable force; and with its surface livid throughout. Examining again, he removed a second fetus, less rigid than the former.

Dr. S. stated that, in this case, as in that reported by him on the evening of June 14, he supposed the child would probably be dead, inasmuch as the convulsions had existed so long a period previous to an attempt being made to produce delivery; but he requested that the abdomen of the woman might be opened as soon as she ceased to breathe, as the *living fetus has been extracted* after the death of the convulsed mother.

Speaking of the treatment of puerperal convulsions, Colombat observes (Amer. ed., p. 646): "Should the mother have breathed her last during the progress of the labour, the Caesarian operation ought to be performed, notwithstanding the slight chance of success in such an attempt to rescue the life of the child."

May 24.—Extroversion of the Bladder, with unusual Complications.—Dr. JACKSON exhibited the specimen, taken from a patient of Dr. HOMANS'S; child born at the full period, but died in a few hours; the bladder presents the usual red, irregular surface; the cord being inserted at its upper extremity. Opening of the ureters free. Kidneys well developed; but the left is situated quite low in the abdomen. The small intestine is forty-five inches in length, and opens freely upon the surface of the bladder, forming a very marked projection, which the friends mistook for a penis, and accordingly christened the child "John." Just below this opening there is another, from a very anomalous organ, which, it is supposed, may be a portion of undeveloped intestine, consisting of a tube about two and a half inches in length, very much resembling the appendix cæci, and being closely adherent to the inside of the pelvis; from this tube and towards its outlet, there are sent off two others, nearly half an inch in length, the common trunk of the three being about three lines in diameter; the parietes of these tubes were quite as thick as those of the large intestine should be; the inner surface was not peculiar, and the cavity was filled with very tenacious and nearly colourless mucus; the external opening was large, and traversed longitudinally by a well-defined, fleshy band. The testicles were well developed, and situated about at the brim of the pelvis; vasa deferentia traced down behind the organ last described. Glans penis situated at the lower margin of the bladder, and so small as to be hardly recognizable. Ossa innominata seem to be fully developed, but are separated at the symphysis to the extent of one and a half inches.

Spina bifida. Between the thighs were two tumours which would suggest the idea of a double hydrocele; one of them being about the size of a small orange, and the other equal to a large nutmeg, with a marked raphé between them; flaccid, encysted to the feel, and covered by integument, as *spina bifida* is when situated over the sacrum. The parietes of these cysts consist of cutis externally, a lining of serous membrane internally, and a loose intervening cellular tissue, but no fat; the two communicating freely, and there being a third that did not show externally. The cavity contained some ounces of clear yellow serum. Towards the upper extremity of the large cyst was an opening, through which a probe was passed and came out in the lumbar region between the spinal marrow and the membrane immediately investing it. The wings of the vertebrae having been cut away, the spinal marrow is seen to continue in substance down to the opening in the cyst; the very termination, however, being softened by cadaveric change, and probably by the passage of the probe. Sacrum somewhat deficient, as usual in these cases.

Organs otherwise well formed. Dr. J. remarked especially upon the fact of the spinal marrow being continued in substance down below where the cauda equina is usually formed in these cases of *spina bifida* in the sacral region, and of which there are already two specimens in the Society's cabinet; a fact which is particularly insisted upon by Cruveilhier, and stated by him to have been known to Morgagni.

July 26.—Abdominal Abscess.—Reported by Dr. HAYWARD, Sen. Dr. H. visited a boy, fourteen years of age, about the middle of June, and found him suffering from some obscure trouble in the abdomen. Ten months previously, he had run a race of a mile with another boy, which was followed by great fatigue; the subsequent symptoms have been variable; the patient was much emaciated, the pulse small; abdomen tumid; there were night-sweats. A protrusion was observed at the umbilicus; puncture, with the exploring needle, discovered a purulent collection, which, to the amount of a quart, was evacuated; the pus was very fetid; its discharge procured the patient immediate and great relief; he had not been able to raise himself up without great pain for some time previous to the operation. Dr. Hayward supposed the case to be one of subacute peritonitis.

October 18.—The patient is now nearly well; he may, in fact, be considered entirely so, as nothing remains of his former difficulty, except a slight discharge from the orifice at which the pus was drawn off.

August 9.—Dr. STORER read from his note-book the following case of *Removal of a retained Fœtal Head*:—

4th. Was called at 5 o'clock P. M. to consult with a physician under the following circumstances: He was sent for at 6 o'clock A. M. to attend a case of labour. Finding an arm presenting, after much difficulty he turned the child, and brought down a leg. At 12 M. he had succeeded in delivering both lower extremities; and at 2 o'clock, the entire child, with the exception of the head, was delivered. Not being able to extract the head, he called to his assistance another practitioner; together, they made such traction as they thought justifiable, without producing the desired result. Having produced a luxation of some of the cervical vertebrae, and consequently unable to use any more force, they severed the body from the head to enable them the more readily to apply their instruments. As soon, however, as the

head was separated from the body, it receded into the pelvis, and their efforts, continued for a long period, to fix and remove it, availed them nothing.

I found the woman much less exhausted than would have been imagined, with a tolerably good pulse, and not depressed.

The head could be reached only by passing the entire hand into the uterus, and could scarcely be retained in any one position by pressure being applied over the abdomen. The uterine contractions were so great that I several times removed my hand, perfectly useless by the pressure which had been applied to it—and I should have given up in despair of being able to remove the head, had I not felt that nothing should be left undone which could be attempted without additional risk to the mother. At last, I was able to pass the index finger of my left hand into an orbit; along this finger I introduced Smellie's scissors, and was so fortunate as to be able to pass them through the orbit into the brain. The distance of the head from the external passage may be judged of from the fact that, when the instrument was in the brain, its handles were not visible externally. After the contents of the cranium were removed, and the bones had collapsed upon each other, it was extracted by the hand without much difficulty.

The attending physician found some obstruction to the removal of the placenta from an irregular contraction of the uterus, and from its partial adhesion.

To an accoucheur who has never been called upon to perform the operation just described, the process may appear a very simple and easy one. But this is very far from being the case. It is an exceedingly difficult matter to have the head retained in any one spot with sufficient force to perforate, should it be thought advisable; the scissors are constantly found to slip upon the cranium, beneath the scalp, and it may be a long time before the hook can be applied where it will retain a permanent hold.

CONQUEST observes, as if the operation were not a difficult one, "when this occurrence has taken place, it is necessary to have the uterus fixed, by the steady pressure of an assistant, on the abdomen, while the accoucheur proceeds to extract the head. This may be done by the long forceps, or by fixing the craniotomy-forceps, crotchet, or blunt-hook, in the foramen magnum; always accommodating the head to the largest diameter of the pelvis during the extraction." By others, the difficulties are thus portrayed. VELPEAU says: "At the superior strait, the operation is often found to be one of the utmost difficulty, and appears to be even impracticable, when the womb is scarcely contracted, and the face and occiput are not yet engaged."—JEWELL, in the *London Practice of Midwifery*, remarks: "In some instances it happens that the head is entirely separated from the body, when various means have been recommended for bringing it away; one way is a purse, one extremity of which, spread out on the hand, is so carried up into the vagina, and laid round the head, that it shall include the whole; by which means it is to be brought out. Another, is by the assistance of instruments, various descriptions of which have been recommended; these instruments may be considered as just so many contrivances to catch the head, as we catch a bird by putting salt upon its tail. If we get the instrument on, we may catch the head; and if we get the salt on the bird's tail, we may catch him, too. The way to extract the head is to open it, and when we have dilated it by the perforator, we should introduce the crotchet before we withdraw the perforator, in order to have the head always secure from slipping, as it otherwise would do. The difficulty is this, that whenever we touch it, we have a smooth

slippery surface which we cannot keep, unless we always have an instrument within that hole which we have made; it will roll over the upper aperture of the pelvis."

SMELLIE has collected ten cases in which the head was retained in the uterus after the delivery of the body of the child. Four of these cases he saw in "consultation"—all of them occurring in the practice of midwives. Two of the remainder occurred also in the practice of midwives, and were reported to Smellie by the physicians called upon for advice.

In three of the four cases to which Smellie was called, the body appears to have been separated by force; in the fourth, the head was separated by incision. Each case was terminated by the crotchet; in two of the cases, where the child had been dead previous to the labour, the operation was performed with comparative ease. After minutely describing the case in which the head was severed from the body, Smellie adds: "This should be a caution to practitioners, never to separate the body from the head, if possible to deliver without using that expedient; but to wait with patience (when the child cannot be saved) the efforts of the pains, especially if the woman is not in absolute danger; for the head is much easier delivered with the crotchet, when not separated from the body."

Of the remaining four cases cited by Smellie from other authors, one deserves a passing notice. He observes, a case is mentioned in the Supplement to Lammotte's Treatise, "in which a gentleman could not deliver the head, which was separated from the body and left in the uterus. Nevertheless, he went to bed; and the first news he heard in the morning was that the head was delivered by the mere assistance of nature." Most probably the child was dead previous to the labour, and decomposition had somewhat advanced, else it would be difficult to account for its unaided expulsion.

In another of these four quoted cases, Smellie says: "Dr. GRANGE, of Hatfield, told me of a case in which he and Mr. Wilson, of Enfield, were fatigued a whole day, in delivering a head, which was so slippery, that, for a long time, they were not able to open, or fix an instrument upon it."

Dr. RAMSBOTHAM (Francis H.), has met with but one case, which occurred in the practice of a midwife; there was a tumour in the pelvis, which increased the difficulty of the case. With the assistance of his father, the head was perforated at the sagittal suture, and extracted.

9th. Five days after delivery. Dr. Storer's patient has not a single unpleasant symptom; and says she feels much better than she did five days after the birth of her former child.

Carcinomatous Disease of the Uterus and Vagina.—Dr. WILLIAMS reported the results of a *post-mortem* examination of a case of some years' standing, which terminated fatally three months only after delivery. After the disease had been pronounced to be cancer of the womb, by her attending physician, the patient placed herself under the care of a midwife, who promised a cure, saying that "she had cured many such cases, but the physicians did not understand them, as they had no such organ themselves." Finding herself unable to prevent the hemorrhage, which occasionally occurred, she soon abandoned the field. The autopsy disclosed extensive destruction of the vaginal and uterine parietes. Dr. W. remarked, that it is worthy of notice that pregnancy should have gone on well, and parturition occurred without accident, while the reproductive organs were so extensively involved in disease, and that rupture into the peritoneal cavity might very easily have happened, previous to her death, by the application of any force—such as an

examination by the speculum—ulceration having so deeply destroyed the tissues.

Dr. JACKSON said he had frequently examined patients in whom such rupture seemed very imminent. He had not met with actual perforation in his own dissections of these cases, but practitioners should be exceedingly cautious of instrumental vaginal examination in such patients.

Fatal Disease with Obscure Symptoms.—The following case, from Dr. SALTER, was reported to the Society by Dr. COALE. The patient was a book-binder, fifty-one years old; he has generally had good health; the only *severe* illness he has experienced, within his recollection, was an inflammation of the lungs, in 1836, when he was confined to his house and bed for nearly three months, under the care of Dr. HENRY G. CLARK. Since that attack, he thinks he has not been quite so strong as previously. Especially on the approach of every autumnal season, he would be affected with diarrhœa, lasting about twenty-four hours; and even during the summer season, when there was any sudden and decided change from heat to cold, he was almost sure to be affected with this diarrhœa for some hours. Besides this, during the winter months, he always experienced considerable oppression in his chest, unattended, however, by cough or pain. This oppression always left him on the approach of the warm season, and he continued quite well until the return of autumn, excepting on sudden changes of weather, as above mentioned. This was the usual routine from 1836 to 1852, with only one exception. In the latter part of the summer of 1850, he had an attack of mild dysentery, which did not oblige him even to keep entirely from his work, being easily controlled. It continued about two weeks. On the approach of the spring of 1852, he did not recover his usual elasticity and spirits.

On Thursday, July 22d, he called on Dr. Salter, but not finding him at home, left a request to be visited at his own house. Dr. S., on calling, ascertained that his patient had not felt quite as well as usual since the month of April last, though in this respect his feelings were quite variable. He continued, however, regularly at his occupation, and his appetite was, for the most part, good. Dr. S. learned at this time also, that, on the 15th of July, one week previous to his visit, he had felt more unwell than usual; yet he could give no definite idea of his sensations, excepting that he was weak, and unable for his work. Of his own accord, he brought a pail of sea-water to his house, in the afternoon of the above-named day, and bathed himself by sponging his whole body with it, in his chamber. Shortly after this bathing, he was seized with violent rigors, which continued for some time, and he was forced to take his bed, in order to get warm. Soon after this, a diarrhœa commenced, and continued through the night, the discharges being quite frequent, but unattended by pain.

On Friday (16th), he felt better, and from this time until the following Thursday (22d), he attended to his business, with some interruptions, and considerable inconvenience. At his visit on this day, Dr. S. found him dressed, and sitting in his parlour, and he *appeared* as well as he ever saw him; there was no indication of any serious disease; the pulse was undisturbed; the tongue natural; bowels regular; skin in healthy condition; no pain or sense of soreness anywhere; appetite, however, was wanting, although food was not offensive. Dr. S. advised some vegetable bitter, and rest from labour; and, if the patient felt able, a few days' residence in the country.

Dr. Salter was summoned to the patient again on Monday, 26th of July, and was told that he had been to Billerica, on the 23d (Friday). The journey

benefited him apparently; he passed a good night, and his sleep was refreshing; on Saturday morning, he reported himself better than for sometime previously. About noon, he was suddenly seized with intense pain in the lower part of the abdomen; a physician was called, whose remedies relieved the pain after an hour's suffering. Being anxious to reach home, he returned to Boston the same afternoon. On Monday (26th), Dr. S. found him in bed; he was feverish; the pulse 100 per minute, and slightly irritable; the tongue covered with a thin white coat; no headache; but occasionally slight pain in the lower part of the abdomen. On examining that region, some fulness and distension were remarked, but there was no tenderness upon any degree of pressure; there were frequent eructations of wind, with occasional hiccough. No change whatever took place in these symptoms, except gradual aggravation of them, until Thursday, the 29th July (one week from his first call on Dr. Salter); at this date, at the morning visit, the abdomen was very tympanitic, and other symptoms indicated rapidly approaching dissolution; still, he was frequently up, walking about the room, sitting upon the sofa, and, by his own account, feeling quite comfortable, experiencing no pain, and no material inconvenience from the distension of the abdomen; he continued thus until three o'clock, P. M., when, becoming faint (he was sitting up at the time), he was laid upon the bed; immediately after, in addition to the belching of wind, he was almost constantly throwing up the liquid contents of the stomach, especially after drinking, which, from great thirst, often occurred. This state of things, together with hiccough, continued, with scarcely any interruption, until within a few minutes of his death, which took place at about six o'clock the same afternoon. After his return from Billerica, no attempt was made at anything farther than a bare palliation of existing symptoms, which was accomplished with tolerable success, by injections, fomentations, and anodynes, when necessary.

On *post-mortem* examination, sixteen hours from patient's decease, made and reported by Dr. F. S. AINSWORTH, the following appearances were recorded:—

A large quantity of frothy fluid ran from the mouth and nose on slight movement of the body, or on pressure made over the stomach; the fluid stained the cloths about the head a dark brown colour. The limbs were moderately stiff.

On opening the abdomen, the stomach and intestines were found to be distended by gas; several ounces of dark coloured bloody serum were found in the peritoneal cavity; the stomach and liver were natural in appearance and consistence; their peritoneal coats showed no signs of inflammation; on tracing the small intestines downwards into the lower part of the abdomen, and into the pelvis, they were found very red and inflamed; the peritoneal coats were adherent to each other by the effusion of coagulable lymph, flakes of which were found diffused in this portion of the peritoneal cavity, and of great thickness—on the intestines especially. The ascending, transverse, and descending colon appeared healthy; all signs of peritonitis seeming to be confined to the pelvic region. On opening the small intestines, the jejunum looked healthy, and also the ileum in its upper part, and until within two feet of the ileo-cæcal valve, where deep and extensive ulcerations of Peyer's patches were discovered, apparently of long standing; some of these were nearly cicatrized; others were in the process of healing; in several of them the destructive process had extended through the mucous and muscular, to the peritoneal, coat; and, in one spot, the ulceration had perforated all the coats of the intestine, and had opened it into the peritoneal cavity. Over

the ileum, where the deepest ulceration of the glands existed, and especially over the perforation, the serous tunic of the intestine was covered with a profuse exudation of lymph, which closed the perforation and glued the folds of the intestine together. The mesenteric glands of the lower portion of the ileum were inflamed, and, in one or more instances, suppurated.

The right lung was bound to the pleura costalis by strong and firm adhesions throughout its whole extent, but crepitated well; the left lung was larger than usual and apparently healthy; no tubercles found in either lung. The heart was small, flabby, and much loaded with fat; the mitral valves were thickened along their edges, and the semilunar valves of the aorta were considerably ossified; the pericardium contained more than the usual quantity of fluid. Other organs not examined.

Dr. J. B. S. JACKSON said he was inclined to consider the case reported by Dr. Salter as one of mild or latent typhoid fever; the disease not fully declared by the symptoms; the ulcerations were of an ashen-gray hue, and, moreover, the patient is stated to have been unwell since last April. Dr. J. referred to a patient attended by Dr. Strong, and who was complaining for four months: *post-mortem* examination showed both old and recent ulcerations of the intestines. In Dr. Salter's case, the same appearances are noted. Dr. J. thinks these cases not infrequent, and that a patient thus affected always demands the most careful watching.

Dr. PARKMAN asked if it be not true that perforation occurs most frequently in the so-termed "mild" cases?

Dr. JACKSON believed this to be the case.

Dr. GOULD asked whether it is usual for a patient to live so long after the occurrence of perforation as did Dr. Salter's? Dr. G. had met with several cases, and had never known the patients to survive longer than twenty-four hours.

Dr. JACKSON considered the prolongation of life due, in the case in question, to the occlusion of the perforation and the "gluing down" of the intestine by the lymph; the peritonitis was thus circumscribed.

Dr. MINOT mentioned a case somewhat similar to the above. A man who had for some time been slightly unwell, was advised by his physician to abstain from labour and remain quietly at home; refusing to do this, he was attacked not long after (a few days), very suddenly, by violent abdominal pain, supposed to be that of colic. Dr. Minot was called to him at this time, and inferred the occurrence of intestinal perforation. The case terminated fatally in thirty-six hours. No *post-mortem* examination obtained.

[Dr. Minot has informed the Secretary, since the record was made up, that Dr. CHAPLIN, of Cambridgeport, who attended this patient before he came to the city, pronounced him then to be convalescent from *typhoid fever*; a few days only before he was seen, as above, by Dr. M.]

Wound of the internal Iliac Artery, caused by Instruments used with intent to expedite Labour.—Dr. HAYWARD, Sen., had seen, in a late number of the *London Times*, a report of a judicial action against a person accused of causing death by the manipulations above mentioned.

In conjunction with this, Dr. H. referred to another case of the kind, which, singularly enough, he had heard an account of while in New Bedford, where it occurred, upon the same day on which he had read the report of the *Times*. A married lady, thirty-five years old, and six months advanced in pregnancy, went to the office of a homœopathic practitioner, who, it is supposed, at her request, attempted to procure abortion, instrumentally; the membranes, how-

ever, as it subsequently appeared, were not ruptured; death followed; the operator is arrested and held for trial.

The following are the *post-mortem* appearances, communicated to the Society by Dr. J. B. S. JACKSON, who received them from Dr. LYMAN BARTLETT, of New Bedford:—

External Appearance of the Body.—Surface very pale, otherwise normal; in left hypochondriac region an apparently recent contusion, near the superior spinous process of the ilium, in size about that of a nine-penny piece—yellow and hard; eleven other similar, but smaller spots below this, upon the abdomen and upper part of the left thigh; slight superficial ecchymosis, as from a contusion, about the posterior commissure of the labia externa; similar spots upon the nates, each side of the anus; evident ecchymotic contusion over the posterior portion of the labia externa; abdomen considerably distended.

Dissection.—Upon opening the *abdomen*, about two quarts of bloody serum escaped; the intestines were seen to be covered by an apron of coagulated blood, about six inches in vertical, and ten inches in transverse diameter, and of an average thickness of two inches; on removal of this coagulum, the intestines were seen, pale; the folds of the mesentery, attached to the lower portion of the small intestines, are separated by a clot of blood which would fill a pint bowl; the inferior fold of the mesentery was ruptured by the pressure of the blood accumulated between the folds. The *uterus* was flaccid, and in volume about the size of a three-pint bowl; on its posterior surface, opposite to the promontory of the sacrum, was observed an opening through its parietes, made, apparently, by some cutting instrument, whose diameter would be that of a pipe-stem, or of the common catheter; corresponding to this opening, another of the same size and appearance existed, going through the peritoneum forming the inferior fold of the mesentery. Beneath this puncture in the mesentery, and corresponding to it, was found an opening into the *right internal iliac artery*, one-fourth of an inch below the bifurcation of the main iliac artery, and of sufficient size to admit the point of a goosequill. On opening the uterus, a small foetus was found, measuring seven and a half inches from the vertex capitis to the nates; its finger-nails perceptible. The membranes were not ruptured; on the posterior internal surface of the uterus, one and three-fourths inches above its cervix, was a puncture, extending obliquely two inches in length, through the parietes of the organ and terminating at the puncture previously mentioned, so that a blunt-pointed probe passed readily through from one orifice to the other. About half an inch from this puncture was found another, made obliquely into, but not going through, the uterine walls; its course parallel to the former; its length one and a half inches. Contusion, with ecchymosis, observed upon the internal surface of the posterior portion of the uterus.

All of these punctures corresponded with the mouth of the uterus, so that an instrument passed into the vagina would go in the direction, and produce the wounds, above described.

Death followed these manipulations in about twelve hours.

Present at the *post-mortem* examination, Drs. Spooner, A. and J. Mackie, Fulsome, and Lyman Bartlett.

August 9.—*Imperfect Physical and Mental Development.*—Dr. TOWNSEND, Sen., exhibited to the Society a girl four years of age, who cannot walk or speak; all the other bodily functions are healthily performed; at birth, which was natural, she was supposed healthy and perfect; she notices objects somewhat, but the amount of intelligence is certainly small; she is mechanically

supported into a sitting posture, not having the power of holding herself upright. Her appearance is rather prepossessing, with an absence of any idiotic expression.

Dr. GOULD reported a case in which, after severe and protracted labour, the child was stillborn. It was placed in a tub of warm water, and artificial respiration employed for about an hour, and, finally, breathing was established. She is now nearly fifteen years of age, and has always been healthy. In infancy, spasms and rigidity of the neck and limbs were noticed; contortions of the face and thrusting out of the tongue succeeded, so that she has an idiotic look. She has learned to talk, but articulation is difficult. She has never been able to control the limbs so as to be able to support herself; so that it is necessary to carry her about, and to feed her. She began to menstruate at thirteen, and has menstruated rather profusely. It was hoped that some favourable change might take place at this period; instead of which the contractions have become much more general and severe; and for a few weeks past, her sufferings have been intense, both day and night. The right arm is rigidly and constantly extended, and the fist clenched, and both the arms are so contorted that the elbows, much of the time, present in front; the right thigh and leg are flexed to the utmost, and also are drawn forcibly against or across the opposite limb, which is usually fully extended. For many nights in succession she has been unable to sleep beyond five minutes at a time. The recumbent posture always aggravates the spasms; and sometimes it is very difficult to retain her in an arm-chair. Opiates and antispasmodics of all kinds and in large quantities have been almost ineffectually employed. Indian hemp at one time seemed beneficial. Chloroform has been taken very frequently, and soon relieves her, but its use is attended with nausea and vomiting to such a degree as, in a great measure, to preclude its employment. The intellect is unclouded, and the moral sense is unusually strong. She enjoys reading, and converses well.

In view of the unfortunate condition which has been observed so often to follow in similar cases, Dr. G. considers the expediency of long-continued efforts at resuscitation as quite questionable; especially in cases where the severity of the labour has been such that injury to the cranial contents might reasonably be apprehended. In asphyxia from causes not involving such injury, a different course might not be attended with the same objections.

Dr. JACKSON remembered hearing the same sort of cases mentioned by Dr. Bigelow, Sen. Dr. J. also said he had previously reported one or two cases to the Society, in which resuscitation was very difficult; in one of these instances, the child did not fairly breathe for three-quarters of an hour; both children lived to grow up, well.

Dr. STORER thought it pretty well established that children born under such circumstances are, if they recover at all, weak, puny, and short-lived.

[At the next subsequent meeting of the Society, Dr. ALLEY related a case analogous to that reported by Dr. Gould. The child presented the breech, and, when born, was quite black; by great exertion it was made to respire; now, at twenty-one years of age, the control possessed by this individual over the muscles is but partial. The mother once previously had a child born with the breech presenting; it was stillborn and not resuscitated.]

Dislocation of the Hip; Easy Manual Reduction under the Influence of Ether.—Dr. PARKMAN reduced a recent dislocation of the hip very easily

with his hands alone, and unassisted, the patient being thoroughly etherized. The head of the bone was in the ischiatic notch: taking the foot in his hand, Dr. P. bent the leg on the thigh, and the thigh on the abdomen, and, with slight outward rotation of the foot, drew the limb downwards, with immediate reduction of the displaced bone. The dislocation was caused by the fall of some bags of coffee upon the patient, who was aiding in raising them from a vessel's hold.

Disease of the Cerebellum and of the Arteries at the Base of the Cerebrum.—Dr. MINOT reported the case. The patient was a female, aged sixty-eight, who had met with much care and hardship. She had borne several children. Within a few months she had suffered from vertigo, and there was loss of memory; the intellect was not impaired.

July 28. The patient walked out and became fatigued; next morning she rose as usual, but immediately fell to the floor, nearly insensible; she soon became stupid, although she was capable of being roused, and would then answer with tolerable accuracy and intelligence. Articulation was indistinct; respiration puffing, as in smoking; pulse 100, not feeble; pupils natural; urine passed involuntarily; the mouth was drawn to the right side; the left eyelid drooped. There was no paralysis of the limbs; she would not, or could not, protrude the tongue.

She was freely purged, and sinapisms were applied to the extremities.

The next day her condition was about the same; the dejections involuntary; six leeches were applied to the left temple. Towards evening her face became of a dusky-red hue, her skin burning hot; pulse at 100; articulation unintelligible, and there was great drowsiness, from which she could with difficulty be roused; six leeches to the right temple, which bled very freely.

On the third day the skin was natural, the face pale, the pulse 100, weak and intermittent; the intelligence good, the replies to questions prompt and correct; the tongue was readily protruded for the first time, and the facial paralysis had considerably diminished; stimulants were ordered.

In the afternoon the drowsiness returned, with the puffing respiration previously mentioned; the skin was of a dark colour; insensibility speedily came on, continuing for thirty-six hours, when she died.

Post-mortem examination disclosed an excavation on the inferior surface of the cerebellum, having the appearance of an ulceration; it was uniform and lined with a false membrane; its extent, one and one-half inches in length, by one inch in breadth, and of capacity sufficient to contain a bean; the pia mater could be inflated over it; the arteries at the base of the brain were found extensively filled with atheromatous deposit. No *ramollissement*; the scalp was gorged with blood; the dura mater was adherent to the brain, and could not be separated from it without tearing the substance of the latter at one spot, at the left side of the anterior third of the longitudinal fissure; there were traces of old lymph deposit at this place.

Dr. Minot showed the specimen to the Society, and remarked, in addition, that Andral, in his researches, states that he had seen only sixteen cases of lesion of the cerebellum.

August 23. — *Melanosis of the Eyeball.* Reported by Dr. BETHUNE. — Mrs. B., æt. 62, first seen August 17. Health generally good. She never had disease of the eyes till one year ago; was first attacked with commencing loss of sight of the left eye, without pain or soreness. The sight continued to fail, and, in December last, the eye began to be painful occasionally, and

the ball to enlarge and grow dark. These symptoms have continued from that time. Since the eye has troubled her, the appetite has failed, and sleep has occasionally been disturbed. Now, the right eye is well. Left eye, the anterior third of the ball is enlarged, and protrudes between the lids—is of a black colour, and presents a generally smooth, shining surface; at the superior part (where the discoloration commences) it is covered with large, dilated vessels. Lids apparently not affected.

20th. *Operation*.—This presented nothing unusual, except that the globe was found so soft, anteriorly, that the ligature, used to bring the eye forward, tore through.

31st. Discharged well.

On examination of the eye after removal, it presented the following appearances, described by Dr. J. B. S. JACKSON: "The melanotic mass protruded from the front of the eye, prominent, defined, and equal to about half an inch in diameter, though of an oblong form. A section having been made through the globe of the eye, the diseased mass was seen very nearly to fill the anterior chamber, but could not be distinctly traced posteriorly to the iris. Lens of a pale brownish colour, and very soft. The vitreous humour was also quite liquid, and somewhat discoloured. The tunics of the eye generally seemed healthy. The cornea was most distinctly traceable throughout the melanotic mass, upon the cut section being somewhat opaque, but not at all thickened."

Dr. Bethune added that the progress of disease in this case was wholly contrary to his previous experience of melanosis of the eyeball. In the cases with which he had previously met (from ten to twenty), and several of which he had published, the disease, as far as he can recollect, has apparently commenced in the *posterior* portion of the eye, and has thence advanced to the anterior. The reverse, as will be observed, was the case in this instance.

Want of Synchronism in the Ventricular Pulsations.—Dr. GOULD had observed an instance of this, occurring without discoverable organic disease, and also without functional disturbance of the heart. The three sounds attending the systole of the auricle and of the two ventricles, were distinct.

Purpura Hemorrhagica.—Dr. STORER related the case. Miss I——, a nurse at the Massachusetts General Hospital, who had been quite feeble for several weeks previously, was compelled to relinquish her duties early in July, and submit to treatment. Dr. S. found her extremely languid, with a sallow countenance, dry skin, and very feeble pulse; the gums were spongy, and the whole lining membrane of the mouth and throat was parched, and of an unhealthy, dusky hue; the breath was exceedingly offensive. She daily became more prostrated, complained of stiffness and soreness in her limbs, and, finally, inability to sit up in bed, for a moment even, without faintness. In about three weeks after her first confinement to her chamber, she died, at the residence of her mother, where she had been carried for the sake of a purer atmosphere. At her death, a hemorrhage took place from her mouth. Although Dr. S. had never been able to observe any spots of purpura, he considered this a case of that affection.

Dr. DURKEE remarked, that while visiting the hospital, a few days before the patient referred to came under medical treatment, she spoke to him of an eruption on her lower extremities; he examined the spots, and they proved to be *petechial*.

Dr. Storer observed that this fact settled the correctness of his diagnosis.

He had been able to detect no such marks on the upper extremities, and was told by the patient none existed on any portion of her body. This patient was an invaluable nurse in the Institution to which she was attached; unwearied in the discharge of her duties—not willing ever to be thought unfit for work—and it is to this alone can be attributed her disinclination to conceal any of her symptoms.

September 13.—Pus within the Shaft of the Tibia—Trephining of the Bone—Cure of the Diseased Limb.—Dr. STRONG reported the case. A. Y., forty-two years of age, a shoemaker in winter and a farmer in summer, was attacked twenty-eight years ago, at the age of fourteen years, by a fever, dependent probably upon acute necrosis, a disease not uncommon in the northern parts of New England. Dr. S., when a pupil of Dr. NATHAN SMITH, observed many cases of it, and he believes that Dr. Smith, who resided many years in Hanover, N. H., was the first to describe the affection, and to discover the best remedy for it. The disease consists essentially, as it would seem, in inflammation of the periosteum, and of the lining membrane of the medullary cavity, and is attended by sympathetic fever; the severity of the latter being proportionate, ordinarily, to the extent of the local disease; matter next forms between the periosteum and the bone, and also within the medullary cavity. When left to itself, or only opened through the periosteum, a portion of bone, usually equal to the space occupied by the matter, dies; it is sometimes separated and thrown off, but more frequently is surrounded by new bone, through which openings exist and continue to discharge pus until the bone is broken up and taken away. Dr. Smith, in the acute cases, was in the habit of cutting at once down to the bone, as soon as any matter was discovered; making the incision longitudinally, in the direction of the bone, and for an extent commensurate with the portion denuded of its periosteum. The next step in the operation was to open into the medullary cavity, either with a trephine or with a perforator made for the purpose; the openings to be made in one or more places, according to the extent of the denuded bone. Dr. Strong said he had often seen this operation done, and in no instance where matter did not issue from the medullary cavity, pouring out with each arterial pulsation. If the operation was performed at an early period of the disease, necrosis of the bone was prevented, and the patient was at once relieved; recovery being rapid.

In the case about to be reported, Dr. S. diagnosticated the existence of pus within the bone. The inflammation occupied the upper third of the tibia. The integuments had been once opened without perforating the bone, sometime previously, and pus had been discharged for more than four years, when the opening healed. Ever since that time the limb has been troublesome, especially in dull, easterly weather. Two years ago last midsummer, the patient injured his limb by jumping from a load of hay, since which accident it has gradually, but continuously, grown worse. Patient, however, kept about upon it until last February, when he took his bed, and was confined to it for the most part, his ability to leave it growing less and less, until the time when Dr. Strong first saw him, some five weeks ago; he could then only with great difficulty be removed from it. Not long after the above-named accident, he began to complain of a burning or scalding in the site of the old injury, accompanied by a throbbing sensation. About the same time, violent neuralgic pains attacked him, worse at night, and affecting nearly the entire body, accompanied by spasmodic action; during the paroxysms, the patient said he saw "balls of fire" accompanying the darting pains. The tongue was

clean, very red, and rather dry, at times slightly coated about the edges; he was sleepless; without appetite; emaciated rapidly. Dr. S. saw him first on the 21st of August. All his symptoms were then at their height. The system was in a highly irritable condition; he was depressed in spirits; his pulse frequent; nothing afforded him any relief. He had changed his medical advisers several times, without benefit, and had now returned to his original physician, Dr. AMOS BATCHELDER, of Pelham, N. H., a very excellent practitioner. Several surgeons had seen the patient in consultation, and all, with the exception of Dr. Batchelder, had condemned his limb to amputation. The left leg was very much contracted on the thigh, and was immovable; there was fluid in the synovial cavity of the knee-joint; the tibia was enlarged throughout the whole of its upper third, to about three times its ordinary diameter; the disease occupying the whole cancellated structure of the head of the bone, and extending into its shaft; the skin was smooth, with but little if any redness. On the inner side of the tibia, not far from the longitudinal centre of the enlarged bone, was an old cicatrix over the spot where the opening had formerly been; there was but little tenderness over this spot; the pain was not confined to any one part, but extended throughout the whole leg. The medicinal applications, although sometimes covering the whole limb, were for the most part confined to the enlarged portion of the tibia. In consultation with the patient's attending physician, Dr. S. confidently expressed the opinion that pus was contained within the bone, and that probably dead bone was also inclosed within the enlarged portion of the tibia, and that by trephining the bone, and getting rid of the offending contents, life and limb might be saved. Without this operation, the patient would lose one or the other, and perhaps both, as his system was fast being undermined. After this, the patient delayed for three weeks, consulting, in the mean time, several physicians and surgeons; was not relieved, and was advised to submit to amputation as the only effectual remedy. He now, however, decided to undergo the operation proposed by Dr. Strong, which consisted in making a longitudinal incision, beginning about one inch below the knee-joint, and carried through the old cicatrix, and farther down, about five inches in all, penetrating throughout to the bone. The periosteum was then peeled off from the bone, but with the greatest difficulty, owing to its excessive thickening, the thickness being from a quarter to a half inch, and the whole tissue very adherent to the bone. Spicula of bone extended into the diseased periosteal membrane; the bone was very rough. Next, a trephine, one inch in diameter, was applied over the old opening, and was carried down, by chipping off the sawed fragments, until it was wholly buried in the bone, and the medullary cavity not then reached, after going so deep. Being embarrassed by it, the trephine was removed, and a common perforator substituted, which, in a short time, plunged into a cavity, when pus immediately and freely issued, to the amount of from three to six ounces; its exit was not made at one rush, as from an opened abscess in the soft tissues, but gradually, and with the ventricular pulsations of the heart, until the quantity just mentioned had flowed from the aperture, before the wound was dressed. This discharge has continued freely, in greater or less quantity, to the present time; and, for the first few days, from four to eight ounces passed away daily. The opening was made partly into the cancellated structure; the bone was very vascular, bled freely, and was comparatively soft; the state of inflammation very marked. The operation gave immediate relief, all the old symptoms disappeared, and the patient has been rapidly recovering ever since; his general health improving with the banishment of the local disease.

October 6. Patient is able to ride out and visit his neighbours. Six or eight pieces of dead bone, varying in size from one-eighth to one-quarter of an inch, have been discharged from the wound. The use of the knee-joint is gradually being regained; the limb can be straightened voluntarily; the cure must soon be complete.

In default of *ether* at the time of operating, the patient was plied with tincture of opium and with spirit, until he was thoroughly intoxicated. He suffered no pain, and was not aware that the operation was being performed. The spirit was ejected from the stomach soon after the operation was completed; some irritation of the stomach followed, and the usual disagreeable sensations from taking a large dose of laudanum were experienced, but in less than twenty-four hours these had wholly passed away.

Retention of the Appetite in Typhoid Fever.—Dr. JACKSON mentioned an instance of this. He had never previously observed it in *typhoid* fever; in *typhus* it does, at times, occur. The case he alluded to was rapid in its progress, and severe in its character. In the course of ten days, delirium, subsultus tendinum, involuntary discharges, and coma had all been observed. Thirteen days from the commencement of the disease, some intelligence was manifested. From the sixteenth to the twentieth day, improvement was evident. The bowels were costive throughout the disease; laxatives were required two or three times. Unequivocal rose-spots were observed. The chief point of interest is the persistence of appetite through the entire course of the disease. The patient asked for meat, sausages, and pudding.

Foreign Body in the Œsophagus.—Dr. COALE was consulted for the removal of a cent from the throat of a child, who had swallowed it, partially, while lying on its back. The mother instantly suspended it by the heels, slapping its back, and also gave it mustard and water, with powerful emetic effect. No dislodgment of the coin was evident. Three or four days subsequently, pain being complained of, Dr. C., on examination, found the cent still lodged, about four inches down the Œsophagus. The probang did not force it downwards. Dr. S. D. Townsend saw the patient in consultation. On the tenth day, Dr. C. passed a probang, the head of which came off (having been carelessly joined to the handle), and descended to keep the cent company! Dr. C. afterwards removed the cent by forceps. The bowels, which were perfectly regular previously to the accident, became confined under the use of a mucilaginous diet; there being only one discharge in three days.

Dr. J. M. WARREN inquired of Dr. Townsend, Sen. the result of certain similar cases treated by him at the hospital. Dr. T. said he had passed the probang successfully in these instances. He has not yet heard whether the coins have been passed from the bowels.

Dr. Warren mentioned a case in which he had advised delay, without any medicinal or surgical intervention, until the day following the accident, when the probang was to be used, if required. Six weeks afterwards, the cent, which had been swallowed, came away from the bowels, not at all acted upon by their secretions. Dr. W. added that coins, when swallowed, generally pass from the bowels in three or four days.

Dr. Coale referred to one case in which a cent came away in fifty-six hours.

Cotyledon Umbilicus in Epilepsy.—Dr. S. L. ABBOT mentioned an instance of the power of this remedy in arresting the attacks of epilepsy. He had administered it in the dose of five grains of the extract, night and morning,

for eight months, with entire cessation of the fits during that period. The patient was a gentleman, upwards of fifty years old, who had been subject to the disorder for five or six years; the epileptic fits occurring, at the time the use of the remedy was commenced, as often as once in two or three weeks, with one or more attacks of epileptic vertigo daily. The vertigo, under the use of the remedy, diminished in severity, but not in frequency. At the end of eight months, the patient began to totter very much in his gait, with frequent "dropping turns," as if from his legs "giving way" under him, with only partial loss of consciousness. No convulsion, but a slight general tremor, with some rigidity of the limbs. A feeble, unexcited pulse, and no flush or heat of countenance. At this time, the use of the cotyledon umbilicus was discontinued, and a small quantity of phosphoretted oil was given, which was followed on the third day by a bad epileptic fit, and its use was consequently abandoned. Since that time, the epileptic attacks have occurred at intervals of three or four weeks, and the other morbid phenomena are of daily occurrence. Under these the powers of life appear to be gradually failing.

Dr. H. O. STONE referred to two cases in which the cotyledon umbilicus had been used with good effect. In one case there was an interval of one hundred days between the fits, after using the medicine a short time.

Dr. HOMANS asked if any other remedy had been used in this case, and if strict regimen had been observed. Dr. H. said that it is nearly always true that epileptics are great eaters. *Rigid diet* has always seemed to him the most effectual means in combating the disease. He does not, by trial, find the nitrate of silver or any other medicine answer his former expectations.

Dr. Abbot said that the patient was, so far as his strength permitted, actively engaged in business, and extremely reluctant to curtail his allowance of food. He, however, abstained from fluid stimulants, and his diet was of the most simple character. Various remedies had been tried; *e. g.*, infusion of digitalis, iron, &c. The former was used for six weeks, with gradual decrease of the vertiginous attacks. Dr. A., however, feared to continue it longer.

[Dr. CHARLES BLAND RADCLIFFE, of London, in a recent and exceedingly well-written pamphlet, styled *Comments on Convulsive Diseases*, takes somewhat new ground in regard to the management of epilepsy. He believes it to be always a disease of *debility*, not of excited condition of system. That plethora enters in nowise into its production or prolongation. That epileptic and epileptoid convulsions are connected with a state of body "the very opposite of vascular activity." That delicacy, not vigour, *as the rule*, characterizes individuals affected with diseases termed convulsive. Dr. R. adds that sufficient reason exists to cause us to doubt "that venous congestion in the head and neck (so marked in epilepsy) is essentially connected with convulsion." With these views of the nature of this disease, the writer advises a treatment *almost exclusively tonic*. Bloodletting is not to be thought of. Purgatives, except when demanded by evidently obstructed bowels, are inadmissible. Iron, quinine, turpentine, and nitric ether are recommended; and, in a very decided manner, the use of a *generous diet* is particularly enjoined—instances of its efficacy being adduced—and the employment of *stimulants*, even, under proper regulations, is counselled. The author's position and arguments derive great support from physiological and pathological facts, of which more cognizance, in their relation to treatment, might advantageously be taken. Dr. Radcliffe's summary of treatment in epilepsy is, that "the essential indications require rest, a nutritious and generous diet, with warm

bathing, and the most sedulous avoidance of all debilitating practices, and, in the more difficult cases, medicinal tonics and stimulants."

The high authority of Dr. Marshall Hall, in his late work on *Cerebral and Spinal Seizures*, goes for a rigid system of mental discipline, of diet, &c. The acetate of strychnine, in its tonic dose, is favourably mentioned by Dr. H.; the one-fiftieth part of a grain thrice a day.—SECRETARY.]

Fracture of the Ligament of the Patella treated without Bandages.—Dr. GOULD reported this case. A man, in attempting to reach the railroad cars, while in motion, ruptured the ligament of the right patella by his efforts in running. This occurred in August of last year, and Dr. G., not wishing to confine him too closely in the hot weather, tied a silk handkerchief around the foot, and had its lung up to the bedpost, thereby keeping the limb fully extended. No bandages were applied, except one above the patella for a short time. In six weeks, the man walked well, and in another week he was able to go to his occupation. He was an intelligent and manageable patient, who could be trusted to aid in the carrying out of such treatment.

Excision of a Portion of the Inferior Maxillary Nerve for the Relief of Neuralgic Pain.—Dr. PARKMAN excised a piece of the inferior maxillary nerve, about three weeks ago, at the hospital. The patient was a woman, forty years old, who had suffered neuralgia of the entire face for from twelve to thirteen years. The point of departure for the pain was from the right side of the lower lip. About one-eighth of an inch of the nerve was removed, with immediate and complete relief of the pain. Paralysis of sensation followed the operation, and is nearly total over the right side of the lower lip. Slight sensation only is found when the part is pricked with a needle.

Cases of Occlusion of the Vagina. Dr. J. MASON WARREN.—*Occlusion after Labour.*—Mrs. M., thirty-five years old, applied to Dr. W. about a year since, with the following statement from her physician: "Mrs. M., some years since, immediately after giving birth to her first infant, was attacked with pleuritic inflammation, which resulted in hydrothorax. Her strength became greatly impaired, and œdema of the cellular membrane was quite general. While labouring under this low state of her general health, it was discovered that the mucous membrane of the vagina had begun to slough. Summoned to see her, I found this so much the case that the separation of the slough was easily effected with the forceps, and I was able to remove it readily by the scissors. The process of casting off the slough having been completed, a copious discharge of thin ill-conditioned pus flowed away, acrid enough to excoriate the labia and surrounding parts. Suitable bougies were provided and introduced, to prevent the contraction and adhesion of the surfaces of the vagina; but, so great was the sensitiveness of the parts, that, though warned of the consequences in neglecting their use, they were imperfectly used, or altogether dropped, so that the occlusion became almost complete. A devious and extremely small canal was found to exist, by which the catamenia have flowed away. In the efforts made to explore it, a very small probe was made to pass a short distance along the canal. No prolonged effort at dilatation has ever been attempted in her case, nor has she for years been subjected to medical examination.

"I should have remarked that the labour in giving birth to her infant was a very rapid one, and that the child was so small and delicate that it lived but a short time. The labour was conducted by a careful midwife, no physi-

cian being near, and no ground existed for believing that any injury whatever was sustained by the vagina in the passage of the child. Nothing unusual transpired to call the attention of her husband or attendants to the organs of generation. In the bad state of her constitution, under the dropsical tendency of her system, the irritation of the vagina, consequent on delivery, passed rapidly into a gangrenous state of the lining membrane."

Dr. W. said that he found the vagina, as above stated, almost completely occluded. On one side was a small, tortuous passage, into which a probe penetrated for a short distance, and could be felt for the space of an inch or more through the parietes of the vagina, by means of a finger introduced into the rectum. With this guide, and with a finger kept constantly in the intestine, a careful dissection was made in the direction of the uterus. Very shortly, all assistance from the fistulous passage was lost, and it was necessary to proceed without any guide. This was done with great caution, from fear of penetrating at the side of the uterus into the peritoneal cavity. In the course of two weeks, after a number of dissections, and the constant application of the prepared sponge, cut into a conical shape, and introduced so as to assist in dilatation, what appeared to be the os uteri was finally reached.

At this period the patient had occasion to leave town. Dr. W. saw her again at the end of a month. The use of the sponge tent had been persisted in, and, by a slight cutting operation, the vagina was restored to nearly its natural dimensions. Previous to her leaving town, the catamenial discharge came on freely, and with less suffering than for many years. She was advised to persevere in the means which had been used to prevent the contraction of the vagina.

Congenital Occlusion of the Vagina.—Miss P., fourteen years old, began to suffer, two years since, with pains in the lower part of the back and abdomen. These pains gradually assumed a periodical character, coming on at an interval of four weeks, and were so intense as to require alleviation by means of medicine.

A physician being consulted, suspected an obstruction of the vagina, and an examination confirmed his suspicions, showing this passage to be completely occluded. An incision was made through the solid obstruction which presented at that part, with the hopes of discovering a cavity containing the menstrual fluid; but the operation met with no success. From this time, the sufferings of the patient gradually increased, and at the menstrual periods, were so severe as to produce a degree of prostration which confined her for some days to her bed, and finally even threatened life.

When first seen by Dr. W., the external organs of generation were so sensitive as to cause great complaint from the patient on any attempt at an examination. The external labia were found to be well developed. The orifice of the urethra occupied its normal position, or was a little lower than natural. Below this, not the slightest depression indicated the orifice of the vagina. The finger, being introduced into the rectum, detected, at the distance of about two inches from the anus, a hard, globular tumour, the size of a billiard-ball. Before removing the finger from the rectum, a catheter was passed into the bladder, and this was at once felt by the finger in the rectum, in the median line, the coats of the bladder and rectum only intervening, for a distance of one or two inches—that is, as far as the above-mentioned tumour. At this point, the catheter could be made to pass on each side of the tumour, but was with difficulty detected in the rectum. Dr. W. had no doubt, from the result of the examination, that the tumour felt in the rectum was the upper part of the vagina and uterus distended by fluid, and the cause of the

serious symptoms under which the patient laboured. An operation was therefore proposed, and at once, with the assistance of her physician, performed. Anæsthesia being induced, a transverse incision was made directly below the orifice of the urethra. With much caution, a dissection was now made between the rectum and the bladder, until, by cutting and separating the tissues by the fingers, the tumour described as felt in the rectum was reached, lying very deep, and affording but little opportunity for a fair examination. The depth at which it lay, and its apparent solidity, for a moment caused some embarrassment as to the proper course to be pursued, especially as one of the gentlemen present seemed convinced, from its hardness, that it could not contain a fluid. But, finally, Dr. W., being satisfied in his own mind that the tumour could be nothing else but what had been suspected, determined on puncturing it. The escape of the thick tarry fluid, which has been observed in one or two other cases before related to the Society, at once confirmed the truth of the diagnosis. The aperture was now enlarged so as to allow two fingers to pass freely up into the cavity containing the fluid, which was apparently the uterus and upper part of the vagina distended so as to form a single sac.

The patient, on recovering from the effects of etherization, declared herself entirely relieved from her previous state of suffering. The use of the prepared sponge, to prevent the closure of the passage, was advised, as also the occasional introduction of bougies, to maintain, if possible, the normal size of the canal.

Occlusion of the Vagina occurring soon after Marriage.—The patient was a widow, forty-five years of age. The account she gave was, that she was married at an early age; that *les premières approches du mari* were so violent as to cause a severe inflammation of the vagina, which eventually terminated in the almost complete closure of the upper part of the canal. At the catamenial periods, much difficulty and suffering were experienced in the egress of the menstrual fluid, which was discharged slowly, and apparently by a circuitous route. She suffered from this cause until within three years, when that function ceased to be performed, but was replaced by a mucous secretion. Her health latterly has been poor, and she has been more or less troubled with pains in the back and loins, all of which she has attributed to the retention of fluids in the uterus.

On examination, Dr. W. detected an obstruction two inches from the orifice of the vagina, caused, apparently, by an adhesion of its parietes. With the aid of the speculum, a small aperture was observed on one side, into which a probe penetrated a short distance.

As the patient insisted on having an operation performed, Dr. W. consented to do it, although, at the same time, he informed her that it was very doubtful whether the obstruction was the cause of the symptoms, considering the present state of the functions of the uterus.

A director was forced into the passage, which had at first only admitted a probe. This was followed by a larger instrument; and, by proceeding gradually, it was shortly found possible to use the dressing forceps. By this means, the passage was finally enlarged so as to admit the little finger, when, by tearing and distending the parts, almost the full size of the original passage was restored, and the extremity of the os uteri exposed, although buried in the adjacent structures.

The caliber of the canal was maintained by the same means as had been resorted to in the preceding cases. The patient expressed herself much re-

lieved by the operation, and, when seen a month afterwards, there had been no recurrence of the previous bad symptoms under which she had suffered.

Abortion without a suspicion on the part of the Mother of the existence of Pregnancy.—Case reported by Dr. STORER.—August 28. At 1 o'clock, this morning, Mrs. S., of Charlestown, was awakened by hemorrhage from the vagina. She was married the latter part of December last, but her catamenia have appeared regularly; she has never experienced the slightest nausea; her appetite has not been impaired; there has been no derangement whatever of the alimentary canal, nor perceptible enlargement of the abdomen.

Not having the slightest idea of her being pregnant, she was not a little alarmed, and aroused her husband, who at once called up her mother, with whom she resided. The mother had never thought her daughter pregnant, although constantly with her, and, at first, could not imagine the cause of the hemorrhage. But when pains supervened, and assumed a degree of regularity in their recurrence, she felt satisfied that her daughter was in labour, and Dr. S. was sent for. In an hour or two after the commencement of the pains, the fœtus was expelled. It measured nine inches in length, and the umbilicus was half an inch from the centre of the body. Dr. S. supposed the mother to have been between four and five months pregnant—nearly five. Upon examining patient's breasts, they were found to be large, but she did not perceive any unusual fulness. The areolæ, however, exhibited those changes always so reliable; their colour was much deeper; their feel, velvety; and the glandular follicles much enlarged;—thus pointing out, not merely the pregnancy, but also its advancement.

In a medico-legal point of view, this case is interesting; inasmuch as, from the rational signs of pregnancy, a fœtus may be carried even to the time most women quicken, without the fact being suspected by the bearer, or any of her friends.

Placenta Prævia, with a Foot and the Funis presenting.—Dr. STORER reported the case. August 25, he visited, in consultation with Dr. CRANE, of East Boston, a woman in labour. Thirty-one hours previously, having advanced to the limit of her pregnancy, she was attacked with labour-pains, and about the same hour the membranes were ruptured. Dr. Crane saw her on the 24th inst. at 10 A. M., and, not finding his assistance required, he did not interfere. On the morning of the 25th, she commenced flowing; and, upon examining, per vaginam, Dr. C. found a portion of the placenta had been attached over the edge of the os uteri, but becoming separated, and the detachment extending somewhat beyond the os, hemorrhage had ensued. He also found the funis at the os uteri, and at its side, a foot.

After carefully examining the case, Dr. S. advised an immediate delivery for the following reasons: Although, at the present time, there is no hemorrhage, yet as a partial detachment of the placenta exists, bleeding may occur at any moment; and should it ensue in the absence of Dr. C., fatal consequences might follow.

The child is still living, as the foetal pulsations heard through the mother's abdomen testify.

There is a chance of saving the child—that chance is lessened by delay, owing to the fear of hemorrhage.

The woman is very anxious respecting her situation, and begs to be delivered.

Nothing can be gained by procrastination.

Dr. C. agreed with Dr. S., and requested him to deliver his patient. Passing his hand within the os uteri, he grasped the presenting part, the right foot, and very carefully and slowly made traction. Uterine pains immediately commenced, and, without anything peculiar occurring, the child was delivered to the head; at this stage of labour, although the face was applied to the sacrum, some little delay existed in the delivery of the head; it was withdrawn, however, by means of the fingers applied to the mouth.

The placenta was removed without difficulty, or any unusual hemorrhage; and beneath the portion which had been detached, adhered a coagulum about the size of an adult's fist.

The child breathed at considerable intervals of time, for six or eight minutes; and the heart beat quite forcibly for a longer time; but all efforts to revive it, permanently, failed.

Recto-Vaginal Fistula in former delivery. Secondary Hemorrhage.—Dr. STORER reported the case. On the 4th of August, he was called to attend upon Mrs. A., in labour with her second child.

On the 18th January, 1851, this woman was delivered of a still-child; she had been in labour six days when Dr. S. was called in consultation, and the child's head had been lying low down upon the perineum an indefinite period. Her pains had left her, and her child was dead. On account of the reluctance of her friends to have craniotomy performed, Dr. S. was compelled to use the forceps; the child was thus delivered, not, however, without an extensive laceration being produced of the soft parts of the mother, owing to their extreme rigidity. For quite a number of weeks she suffered great inconvenience in retaining the contents of the bowels, and was made mentally wretched.

Dr. J. MASON WARREN remedied the evil, in a great measure, by an operation. Patient recovered her health, the power of controlling her sphincter ani, and was now again in labour. Dr. S. feared the union between the parts would be destroyed by the passage of the child, and he watched the woman assiduously, carefully supporting the perineum during the entire period of the pressure upon the parts. After ten hours of natural labour, she gave birth to a female child, weighing eight and three-quarter pounds, without any injury being produced.

After the delivery of the child, a large hemorrhage ensued, proceeding, it was found, from beneath a detached portion of the placenta; that organ being attached throughout its greatest extent to the fundus of the uterus, and requiring some care, time, and effort to remove it.

Dr. S. observed that his patient convalesced as well as usual after confinement, until upon the 18th ult., *fourteen days* after her accouchement, when, while exerting herself, she had an attack of hemorrhage from the vagina, which again recurred on the 22d; a third bleeding taking place on the 25th, she became alarmed, and he was sent for. His patient was exceedingly feeble from loss of blood, and became more so from a continuance of the hemorrhage; and although nearly three weeks have elapsed since he was first called to prescribe, but four or five days have passed since he considered her out of danger; the bleeding rendering her perfectly anemic, resisting the administration of ergot, matico, Indian hemp, lead, and opium, &c. &c., the application of ice, externally, and passed into her womb—and, finally, yielding to injections into the womb of sulphate of alumina and sulphate of zinc in the proportion of $\mathfrak{z}\text{i}$ each to a pint of water.

Dr. S. reported this case on account of the late period after the confinement

at which the hemorrhage occurred. Dr. JAMES FERGUSSON, in the *New York Journal of Medicine* for September, 1850, reports a case of secondary uterine hemorrhage taking place on the *thirteenth day* after delivery.

Secondary Hemorrhage after delivery.—Dr. PUTNAM had lately seen, in consultation, a severe case of secondary hemorrhage. The patient, feeble in health, was the mother of several children born at intervals of twenty months. In some of her labours, had more than the ordinary loss of blood. In the present confinement there was no hemorrhage, but the placenta was adherent and was extracted with difficulty. Was doing well for four days, when she awoke in the night with sudden, profuse flooding. She was much prostrated, faint, and frequently vomited; the pulse rapid and feeble. The treatment employed was introduction of ice, followed by plugging the vagina, careful bandaging, ergot, brandy, and laudanum. She rallied, and, for three days, was improving, when another flooding occurred, attributed by herself to mental emotion. After an interval of five days she had another hemorrhage equally sudden and prostrating, at times being nearly pulseless; but she ultimately recovered. One would suspect the presence of some portion of placenta, but no remnants were detected in the discharges. Dr. P. referred to a writer who had recorded several cases of secondary hemorrhage, and among them one as late as the twenty-seventh day. He considered it owing to a menorrhagic tendency.

Dr. STORER asked Dr. PUTNAM if he considered plugging the vagina a safe procedure in such a case.

Dr. P. said it would depend upon the amount of contractility of the uterus. In the present instance, the contraction was sufficiently firm.

Dr. Putnam also related a case of hemorrhage from retained placenta, that occurred at a late period after miscarriage. A lady of slender constitution miscarried at the fourth month without medical attendance. For nine weeks afterward she continued to flow moderately, but not enough to prevent her riding and walking with freedom. Very suddenly an excessive hemorrhage took place; she became faint and cold. The os uteri was soft, but not dilated enough to admit the finger. In addition to the usual stimulants, the vagina was carefully plugged with pieces of sponge. At the end of thirty-six hours she had so far rallied that the sponge could be removed, and with it the placenta, which had in the mean while been expelled into the vagina.

Dr. P. mentioned another case, in which, under similar circumstances, the placenta was retained thirteen weeks.

Dr. Putnam, at the next subsequent meeting, remarked that, when reporting the previous cases of secondary hemorrhage, he quoted some cases from Mr. Robertson, having reference to the period of its occurrence and its probable cause; he has since found among his notes another case which illustrates these points.

This was a first labour, in every respect natural. The mother nursed the child, and had no inconvenience, except, for the first four weeks, a sensation somewhat more than is usual, of "bearing down." The hemorrhage occurred *six weeks* after confinement. She had walked out the preceding day, was not fatigued; slept well at night. In the morning had copious discharges from the vagina of coagula, with liquid blood. This continued at intervals during the day. Dr. P. saw her in the evening. She was frequently faint; the pulse at times imperceptible. The uterus could be felt above the pubis; pressure there caused a feeling of "bearing down." The vagina was turgid, tender to the touch, and filled with coagula.

The hemorrhage was readily checked by the introduction of ice into the vagina. Various stimulants were administered, and, in the course of thirty-six hours, reaction came on, without further hemorrhage.

It may be a question whether this should not be considered an irregularity of menstruation;—if so, it confirms the opinion of Mr. Robertson, who, in the absence of more probable cause, was inclined to consider it allied to menorrhagia; the discharge being more copious on account of the greater size of the uterine vessels, and the greater readiness with which the uterine cavity admits of expansion.

Diagnostic Sign in Tubercular Meningitis.—Dr. PARKMAN's attention had been called by Dr. SLADE to what purports to be a diagnostic sign of tubercular meningitis; it was first announced by M. Trousseau, and consists in the appearance of a remarkable *red line*, remaining upon the skin of the forehead, or of the abdomen, after drawing the finger across it. A female patient of Dr. Parkman's, at the hospital, who had tubercular disease of the clavicle, was, when about to undergo an operation, seized with fatal illness, which Dr. P. diagnosed as tubercular meningitis. In this case, Dr. Slade pointed out the peculiar red line spoken of above.

The following account was given by Dr. J. B. S. JACKSON, of a *malformation in an adult subject, otherwise well formed, consisting apparently of a fusion of two upper extremities*. There is one central index finger, and upon each side of it a middle, ring, and little finger, seven altogether, and perfectly formed; the index being no larger than natural. The subject of this case was a German machinist, aged thirty-seven years; and the hand was not merely very useful in the way of his business, but gave him some advantages, he thought, in playing upon the piano, upon which he was a performer. The three upper fingers, supposing the limb to be laid extended in a state of semi-pronation, were used efficiently as a thumb to oppose the three others. Various observations were made upon the motions of the hand and fingers; and when at last the individual died, under the effects of a chronic diarrhoea, the body was sent to the dissecting-room. Dr. J. H. YORK, who had some claims upon the subject, having relinquished them in favour of the Society, a cast was first taken for the cabinet, to show the external appearances. The entire extremity was then removed, and subsequently injected, and was fully dissected by Dr. F. S. AINSWORTH. The dissection, when completed, was shown to the Society, and the specimen is now presented for the cabinet, with the following description:—

The malformation seems to consist of a fusion, by the radial edge, of two very imperfectly developed extremities.

Bones.—The phalanges and metacarpal bones are not remarkable. And so of the ten carpal bones, there being upon each side a pisiform, unciform, and scaphoid; and upon the median line one semilunar and one trapezoides; there being no trace of a thumb, each trapezium and naviculare is wanting. The length of the hand is about seven inches. In the forearm, which is eight and a half inches in length, there are two ulnæ, but no radius; the one that would be below, when the limb is in a state of semi-pronation, is well developed; but the other, though of equal size, is somewhat irregular, the olecranon process being prolonged considerably upwards. The humerus is ten inches in length, and has what must be considered as an inner condyle upon each side; also, upon the anterior face, and towards the perfect ulna, a tolerably well-developed process, which may be regarded as an outer condyle. The scapula is

irregularly developed; the semilunar notch is deep and broad, almost dividing the bone across; the spine is low, so that the fossæ above and below can hardly be said to exist; with some other deviations. The left upper extremity being the one that is malformed, the right ulna is nearly ten inches in length, and the humerus thirteen inches.

Muscles.—The tendons of the latissimus dorsi, teres major and minor, subscapularis, infraspinatus, pectoralis major and minor, are shown in the preparation. There is no well-defined biceps, nor brachialis anticus. Coracobrachialis small. One triceps sufficiently developed, with its three heads, and inserted into the olecranon of the perfect ulna. A second triceps, however, exists, which is quite imperfectly developed; one head arises from just below the head of the humerus, and beneath the deltoid, which has been removed; and a second from the lower part of the humerus, inserted into the imperfect olecranon, but sends a tendon to the corresponding inner condyle, and receives a large slip from the other triceps: in structure, it is muscular at each extremity, and tendinous midway. A supernumerary slip of muscle arises with the long head of this second triceps, passes under the tendon of the pectoralis major, and is inserted into the lower third of the humerus. In the forearm, the muscles usually connected with the radius and thumb are of course wanting. The superficial flexor of the fingers arises from the inner condyle, corresponding to the perfect ulna; and sends a tendon to each finger, excepting the little finger of the imperfect side, also a slip from the tendon of the index finger to the deep-seated tendon of the same. No superficial flexor from the other internal condyle. Deep-seated flexor, with its tendons sufficiently distinct, arising from both ulnæ, and from the interosseous membrane. Flexor ulnaris well developed on the perfect side, but on the other indistinct. Extensors of fingers very distinct; arose from the two ulnæ, and sent a tendon to each finger. To the single index finger there are sent two extensors; a very interesting fact in support of the general view that has been taken of this case. Quadratus quite well marked, and also the interossei.

Arteries.—The brachial divides at the lower end of the humerus into two ulnars; that which is sent to the perfect side being about one-fourth larger than the other. There is also an interosseous of full size. The radial, of course, is wanting. In the hand, each ulnar sends a branch to form the superficial arch for the three outer fingers, the index being supplied by the perfect ulnar; also another for the deep-seated arch, the two inosculating freely.

Nerves.—The radial, which is quite small, enters the triceps muscle, and is lost in it. The ulnar of the perfect side is well developed, but the other is small. The median is large, and sends a branch to each finger, excepting the two little fingers.

Compound Fracture of the Humerus.—Dr. S. D. TOWNSEND showed the specimen, which he had lately removed from a patient, whose arm was crushed by a railroad car. The humerus was removed at the shoulder-joint by two incisions, commencing at each side of the acromion process, reaching to a point at about the insertion of the deltoid, forming a triangular flap, which was raised up, and the knife caused to sweep around the head of the bone, dividing the vessels, and making a posterior flap. The patient died eight days after the operation. A *post-mortem* examination showed comminuted fracture of the scapula.

Remarkable Case of Aneurism by Anastomosis.—Dr. J. MASON WARREN related the case. A gentleman, fifty years old, partially froze the lobe of

his left ear, in 1818. This always afterwards remained larger than the opposite one; and, in fact, slowly increased in size, finally forming a distinct tumour, red on its surface, and having a powerful pulsation. About six months since it was found necessary to undertake some means to arrest its growth. For this purpose compression between two plates of metal was advised, and practised by his surgeon. Although this was done in the most careful and scientific way, yet the suffering became so severe that, after having persevered with it for a fortnight, it was found necessary to abandon its further application.

When the patient applied to Dr. W., it was with the full determination of having any operation done that might be thought expedient; the tumour having arrived at that condition wherein it was evident that, if an operation should not be successful in removing it completely, it must soon pass beyond the reach of surgery, spreading over the ear and taking possession of the face, as in the case cited by Dupuytren, in his *Leçons Orales*, which resisted numerous and formidable operations, performed by some of the most distinguished surgeons in Paris.

The appearance of the tumour at this time was as follows: The lobe of the left ear was occupied by a globular tumour, the size of a hen's egg. The surface was red, and covered by large veins running over it in all directions; the redness and swelling belonging to the tumour extended above, into the concha of the ear, and ran up for a short distance on its back part. In front, it slightly encroached on the cheek. On taking it in the hand, it had a powerful pulsating motion, not that alone presented by the common erectile tumour, but added to this, what might be expected in an aneurism of a large artery, the carotid or subclavian, for instance. By manipulation, vessels of considerable size could be perceived running into it from the ear and face.

Dr. W. said that at first he was at a loss how to attack the disease, the danger of hemorrhage appearing to be great from any cutting operation, and if ligatures were used, the same danger was to be apprehended on the separation of the threads. A combination of the two was finally resorted to.

The patient being etherized with chloric ether, the tumour was dragged upon, so as to stretch the integuments as much as possible. A pair of screw forceps, similar to an enterotome, was now made to embrace the whole base of the tumour, about three inches in length, that is to say, the whole enlarged lobe of the ear, with a portion of the cartilage. This was tightly screwed up, so as completely to interrupt the course of the blood into it. A needle, threaded with a strong double ligature, was next passed behind the forceps, and the needle cut off, leaving the two threads. The tumour, now apparently effectually controlled, was cut away close to the forceps. It was, however, at once found, that on the tension of the parts being relieved, that portion of it towards the cheek had escaped from the grasp of the forceps, and an artery was exposed nearly as large as the external carotid. This was seized by an assistant with a toothed forceps, and a ligature was applied to it. The grasp of the forceps being now slowly relaxed, it was observed that the whole cut surface was disposed to bleed at every pore. Some large vessels bled violently, and were tied. To stop the bleeding from the other parts, it was finally found necessary to apply the ligature *en masse*, which was done by means of two double ligatures. In the subsequent management of the case, in which Dr. W. was much aided by Dr. Buckminster Brown, all means were used to prevent too high a degree of inflammatory action about the ligatures. The patient was kept quiet, a low diet enjoined, and a compress, constantly wet with cold water, was applied, and the patient very carefully watched.

Once or twice blood started by the side of the ligatures, but was restrained by refrigerant applications. At the end of fourteen days the ligatures separated, leaving an exuberant granulating surface, upon which the nitrate of silver was freely used. On the twenty-third day, the wound was almost entirely healed,—and the neighbouring parts were in a perfectly healthy state, the effect of the inflammatory action having destroyed the enlarged capillary vessels which had extended into the concha of the ear and invaded the integuments on its posterior part.

Dr. W. stated that, in order to have extirpated all appearance of erectile tissue at the first operation, by the knife, it would have been necessary to sacrifice nearly half of the ear, and to leave the patient with a great deformity. In order to avoid this, he had removed the tumour, trusting to the effect of inflammation to destroy the small quantity of erectile tissue which ran from it into the adjacent parts.

The appearance of the tumour after removal was quite interesting. The main portion of it was composed of a spongy tissue, similar to that observed in a case of which Dr. W. had previously published an account, where an enormous erectile tumour of the lower lip was removed, after the previous ligation of both carotid arteries. In the present specimen, this erectile tissue inclosed an aneurismal cavity, apparently the expansion of the largest of the vessels described above, which were tied when the tumour was removed. From this cavity, branches extended in all directions, which finally could be traced terminating in the cellular tissue which covered the periphery of the mass.

Fissure of the Palate.—Dr. J. MASON WARREN showed a case of instruments containing those most essential in the operation for fissure of the palate. He stated that he had always had much difficulty in finding any forceps which would effectually seize and control the edges of the fissure during the section of the muscles and subsequent removal of its margin. With the common double-hooked forceps, too small a portion of the soft parts is seized, and, as soon as there is any resistance on the part of the muscles, it is torn away. There is also a difficulty in getting one branch of the forceps behind the palate, as the tendency of that organ is generally rather to hang backwards than forwards. These objections to the common forceps he had remedied by having a pair constructed with a double curve—one of the curves of the instrument being anterior, the other lateral, and the posterior jaw of the forceps being a little longer than the other. By means of this instrument, which is provided with double teeth, the smallest portion of the edge of the fissure can be seized, and the part held tense while the muscles are cut and the edges pared. Dr. W. said that he usually divides the muscles with a powerful pair of scissors, curved on the flat side, cutting freely wherever he finds resistance. Sometimes one set of muscles requires division, at others another set. When this is effected, the soft parts implicated in the fissured palate hang loose, and the subsequent steps of the operation can be prosecuted with ease. To show the effect of this division, he stated that in one instance, where the operation had been twice repeated on account of want of union, notwithstanding the loss of substance from the edges previous to the third operation, which was successful, it was observed that they lay in perfect contact, so that, if time had allowed, the union might have been produced by the simple application of caustic to the angle of the fissure. The voice, previous to the final operation, had much improved.

Dr. W. stated that he had latterly performed five operations, in two of which the hard palate was badly fissured, and all had proved successful. In one of these, where the fissure extended through the hard palate and alveolus, the soft palate and a portion of the mucous membrane which was peeled off from the palatine arch, united. The aperture which remained in the bones was covered with a gold plate, very perfectly fitted by an experienced dentist, and the voice was much improved.

In regard to the result of these operations, Dr. W. said that he had lately seen a young lady on whom he had operated some years since, and the power of speech was quite restored, so that she enunciated with great distinctness. In almost every case the speech improved, the deglutition was easier, and the posterior fauces were less liable to inflammatory attacks, and were relieved from the unpleasant state of dryness caused by their unprotected condition.

Cut-throat; Complete Division of the Cricoid Cartilage and Œsophagus.—Dr. COTTING, of Roxbury, sent a full account of the case, of which the following is an abstract: Mrs. —, æt. fifty-six, attempted, about four years ago, to cut her throat, being then insane. Recovered immediately afterwards. Her mother also was insane, and a sister had committed suicide by cutting her throat. About a year ago, Mrs. — again became insane, and had recently made preparations to hang herself. A few days before the fatal event she returned from an insane asylum.

Between 4 and 5 A. M., on the 4th of September, her husband was awake by hearing a knocking below, and, on descending into the cellar, found his wife seated upon the floor, by the side of a wash-tub. On being spoken to, she pointed to her neck, about which she had wound a damp towel; and, her condition being then discovered, she was led up stairs, to the second story, and placed upon a bed. Nearly a quart of blood was found in the tub, but there was not the least bleeding from the wound until examined by the physician who was first called. The instrument used was a very dull carving-knife.

About 6½ A. M., Dr. C. saw her, and found a large, gaping, mangled wound, rather more than three inches from side to side, and rather less from above downwards. Lower half of the thyroid cartilage exposed. Skin and integument separated from the trachea, from one to two inches, and extensively retracted. At each extremity of the principal incision were smaller ones, as from subsequent cuts. Both mastoid muscles deeply cut, and the right in at least two places. Cricoid cartilage (or, as was supposed at the time, the trachea) and œsophagus completely severed and widely separated, the wound extending quite to the spinal muscles; yet the carotids were not injured, though they were seen beating, and the right might have been tied without any further dissection. Wound filled with blood, but the flow was effectually restrained by a single ligature; its entrance into the trachea having been prevented by holding up the tube with a hook. The patient appeared depressed and submissive. Pulse feeble, and not over 60.

A gum-elastic tube, one-third of an inch in diameter, was first passed through the mouth, and downwards, through the œsophagus, until it protruded from the wound. The lower and deeply-retracted portion of the œsophagus having then been drawn up, and brought over the extremity of the tube, the two portions were secured, and in perfect contact, by three stitches, one on each side and one in front; the ligatures being carried by a curved needle in Charrière's needle-holder. The tube was then carried on to the stomach and left there. The larynx and trachea were next brought together by

strong sutures, one on each side. The integuments were also brought together by two stitches, leaving a sufficient opening for the patient to breathe freely through the wound. Lastly, the head was brought forward, and the chest was supported in a semi-reclined position.

During all this time, the patient was very tractable, and apparently suffered but little. Slight spasmodic action, and scarcely any cough. Pulse rose to about 100. After the dressing, she made signs for drink, and about 3ij of milk and water were injected through the tube. During the forenoon there was "considerable rattling in the throat," as the attendants reported, and a slight discharge of mucus from the wound. Some restlessness. Increasing pain and uneasiness in the chest, moving from above downwards, and particularly towards the left side. A little water, given by an attendant, escaped immediately through the wound. At 1 P. M., Dr. C. saw the patient, and gave 3ij of milk and water through the tube.

Throughout the day there was a gradual sinking, with one or two slight flushes of fever. At nightfall, the pulse was very feeble, but never exceeded 100. Wound dry and pale, without any appearance of inflammation. Restlessness increased. Generally appeared sane. In the night, however, she attempted to get out of bed, but, after taking forty drops of laudanum, through the tube, she slept for about an hour. Retained her consciousness till the last, and died about 2 A. M.

On dissection, the cellular tissue between the œsophagus and the spine, from the incision down to the diaphragm, was found to be perfectly infiltrated with thin pus of a light yellowish colour, but this did not extend laterally nor above the incision. Carotid artery, jugular vein, and par vagum, upon each side, uninjured, though the sheath was infiltrated with blood. Œsophagus gaping posteriorly, but, otherwise, the two portions were in perfect contact, as above described. The parts were shown to the Society, with the tube and the knife.

Dr. Cotting remarked upon the following points as interesting in this case: The number of incisions, the amount of injury done, and the narrow escape of the great vessels. The instrument used. The self-possession during and after the deed. The cause of death, as shown by dissection.

Dr. STEDMAN spoke of the evident great danger attending the premature discharge of inmates of an insane asylum. Cases of suicide in such persons are exceedingly frequent. Physicians should discourage such a course when asked for advice by the friends of patients in reference to their exit.

Dr. GOULD related two cases of cutting the throat. In the first, the sheath of one carotid was opened; the other was not wounded. The patient lived from three to four weeks, and died suddenly, while drawing his shirt over his head, being suffocated. In the second case, Dr. G. witnessed the suicidal act. A young man severed the trachea with a penknife. When Dr. G. reached him, he fell, and was dead in two or three minutes, turning purple in the face. The jury of inquest, among whom were some medical men, returned a verdict of death by bleeding from wounds inflicted by a penknife; implying death by *amount* of the hemorrhage; whereas Dr. G. thinks it was by the *mode* of the bleeding—the lungs being filled with blood, and suffocation ensuing.

Dr. J. M. WARREN remarked the rarity of *instant* death in these cases. He had never seen the carotid artery or the jugular vein divided in such attempts, and he remembered no fatal case except the one just related by Dr. Gould.

Dr. HAYWARD, Sen., never saw an instantly fatal case. He thinks the

lingual artery is the one most commonly divided. Dr. H. avoids immediate closure of the wound by suture; there is greater danger of suffocation.

Dr. J. B. S. JACKSON referred to two cases of *immediate* death consequent on cutting the throat. In reference to Dr. Cotting's case, he remarked the probable influence of the inflammation of the cellular tissue, which had supervened in so short a time, with formation of pus. This may have had something to do with the production of the fatal result.

Dr. HOMANS had seen several cases. In one, death was *instantaneous*. A razor was used, severing the left carotid. In another, the carotids were untouched, but death followed in a few minutes.

Dr. J. M. WARREN said that, in the greater number of cases, a razor is the instrument used, and the throat is cut *while the head is thrown backwards*. The large vessels are thus rarely reached, much protection being afforded by the muscles of the neck. Generally, patients are discovered in time to prevent fatal hemorrhage.

Dr. HOMANS related the case of a man, forty years of age, who had made three unsuccessful attempts to take his own life by cutting the throat. He now has a fistulous opening into the trachea.

Dr. BIGELOW, Sen., mentioned an instance. A man, in a sudden fit of raving delirium, leaped out of a chamber-window, through the glass. Afterwards, he deliberately cut his throat with a razor, standing before a looking-glass, and resisting the efforts of his wife to prevent the act. He immediately fell, bleeding copiously. Recovering from the consequent syncope state, he violently opposed those who endeavored to dress the wound; but, on being assured that he could not recover, he became quiet. Collapse came on, and he died in the course of the same day.

Dr. J. M. WARREN remarked that, very probably, if this patient had not been so strongly opposed in the first place, the wound might not have proved fatal.

Chronic Ulcer of the Leg; Amputation; Fatty Degeneration of the Muscles.—Dr. J. B. S. JACKSON showed the limb, removed by Dr. S. D. TOWNSEND, on Saturday last, at the Hospital. The patient is a man of sixty years; at the age of twenty-four, he cut the knee-joint open with a broad-axe; confinement to bed for four months followed the accident; abscesses forming, with threatened loss of the limb; the joint finally became ankylosed; the limb in a straight position. A few years subsequently the ulcer commenced, and has continued till this time, about thirty years in all, and was very extensive at the period of amputation.

There is complete *fatty transformation* of almost the whole of the gastrocnemii muscles. In the integument near the margin of the ulcer were found several small, thin plates of bone. The bones of the leg were enlarged and rough, as is usual in old ulcers.

October 11.—Peculiarity in Dentition.—Dr. COALE related an instance of conservation of the first teeth to adult age; the subject being the mother of a child now under his care; two other individuals of the same family present the same peculiarity. In another patient, a young lady, the two eye-teeth and two stomach-teeth are all that exist; the first teeth having been shed, they were never replaced, except by the above four.

Tumour of the Cervix Uteri; Removal by Caustic Potash.—Dr. PUTNAM reported the case. Two months since, the tumour projected an inch from the

cervix uteri, and was of the size of a large horse-chestnut; much hemorrhage at times; always greater at menstrual periods. Caustic potash removed the growth, entirely. In another similar case, the tumour nearly filled the vagina, and under the same treatment is now disappearing. Dr. P. remarked that the use of this caustic had been, by some, considered dangerous; likely to induce peritoneal inflammation. Dr. SIMPSON, of Edinburgh, states that he had never noticed this effect to follow the use of the *potash*, whereas he had observed it after the *actual cautery*.

The precaution of using *vinegar* with the potash was insisted on by Dr. P.

Dr. CHANNING spoke of the *very free* employment of the caustic potash in disease about the neck and mouth of the uterus, which he had lately witnessed in Europe. No pain is felt by the patient; the caustic is introduced through the canal of the speculum vaginae. Dr. C. exhibited to the Society the instrument used by Dr. SIMPSON, of Edinburgh, for applying the above caustic; vinegar is always employed in conjunction. Dr. Simpson's instruments for division of the cervix uteri, for the removal of uterine polypi, and for the application of the sponge-tent, were also shown by Dr. C.

Fibro-Plastic Tumour of the Neck.—Dr. HENRY J. BIGELOW showed this, removed from a boy of ten years; it had not the characteristics of the common fibro-plastic tumour when externally examined; it was smooth; very elastic; movable under the skin; not lobulated.

When one year old, this boy had two or three small bunches under the ear; these subsequently fused into the tumour now removed. When first examined, there was an inflamed gland just beside it, and it was suggested by some medical gentlemen who then saw the patient, that the tumour itself might be a gland chronically inflamed. It was cut down upon and very easily slipped out; an abscess formed in the wound; the tumour itself is fibro-plastic, of the softer kind; resembling isinglass in consistence, and is opaline in aspect. Dr. B. referred to a case in which a similar tumour was recurrent after removal. A drawing of the entire tumour, and another of a section thereof, both finely coloured, were exhibited by Dr. B., in conjunction with delineations, by himself, of the microscopic appearances; the cells observed were regular in their form, and had small nuclei.

Destructive Disease of the Nose, Larynx, and Trachea; with the Specimens, and a cast of the Face, &c.—The account of this case was communicated to the Society by Dr. J. B. S. JACKSON, who received it from Dr. EDWIN LEIGH, of Townsend.

The patient was a girl, nineteen years of age; six years ago she was troubled with earache; the cervical glands were occasionally much enlarged; at times there were large swellings under the tongue, which would open and discharge matter. Subsequently her breath became extremely offensive. She reported herself to be continually "*getting a new cold in her head*;" she would sneeze, with accompanying discharge from the nostrils, and the tears would overflow, as in cases of obstructed lachrymal duct.

About two years since, while "*picking her nose*" with a pin, she was surprised to find that its head passed entirely through the septum nasi; she then became aware, for the first time, of the existence of ulceration of the nares. Previously to this, and about the time her breath became disagreeable, the voice began to be affected. The ulceration progressed (in spite of, or aided by various treatment), involving not only the mucous membrane, but also the cartilaginous and bony parts of the septum, until about eight months since,

when it healed, as is shown in the cast. The posterior wall of the pharynx presented a whitish, fibrous, irregular, cicatrix-like aspect; the velum palati and the uvula were gone; the posterior opening of the nares had assumed a form nearly circular. Within the last two months there has been no appearance of active disease in this region. The patient's respiration has been difficult for a year or more. About one year previous to last January, she lost her voice entirely; since that time she has regained a hoarse, rushing, unnatural sound, half distinct voice, half whisper; hardly entitled to the name of voice. Dr. Leigh was first applied to by her in June last, when she desired a *cough syrup*; no very particular inquiries were made, as she did not ask for advice, but Dr. L. noticed the peculiar sound substituted for the natural voice, and the rough, noisy respiration, such as is produced by partially closing the glottis when we whisper; her inspirations and expirations were remarkably long and deep. Two months since she again applied, and for advice; her abdomen was very much enlarged; there was abundant ascitic collection, which had supervened imperceptibly, and was noticed only one week previous to her second application; within a few days it had very rapidly increased, unattended by pain or tenderness. On examining the patient, not the least sign of puberty was apparent; a great enlargement of the base of the thorax, as compared with its apex, was not remarked until subsequently, from its apparent connection with the ascites. In about a fortnight the ascites disappeared, under the administration of hydragogue cathartics.

In September, the patient sent for *cough syrup*, and soon after this Dr. L. was summoned in the night to see her suffering great dyspnoea and inability "to raise," as she termed it. Relief was afforded by an emetic; since then, dyspnoea has been frequent, with occasional suffocative access, relieved as soon as she could (to use her own expression) "loosen the phlegm." The sputa were purulent. The disease, which had already destroyed the nares, was so manifestly progressing in the trachea, that Dr. L. did not encourage her friends in reference to her recovery, even should it happen that the local disease should cease; no doubt existing in his mind, that, in such event, the cicatrices, in their contraction, would augment the dyspnoea; the danger was, therefore, fully announced to the friends.

Thus far she had complained of nothing but dyspnoea; there was no soreness or pain in the nares or fauces; no pain in the chest or hypochondriac regions. On Tuesday morning last, Dr. L. was called in haste; he found his patient dead on his arrival. She had appeared more comfortable than usual the previous evening; had rested well in the night, coughing but once or twice; a large quantity of muco-purulent matter had thus collected. At 3 o'clock A. M. she knocked on the wall (as was her habit when an attack of dyspnoea came on), and an instant afterwards she was found standing at her bedside, struggling for breath; she did not breathe fairly afterwards, being unable to inspire; the accumulated mucus and pus had suffocated her.

On dissection, there was found almost continuous ulceration from the glottis to the bifurcation of the trachea. The disease was in different parts more or less acute, the posterior surface being mostly affected. There was also distinct evidence of previously existing disease; the cicatrices that had resulted from former ulceration being traversed by a curious interlacement of whitish, shining fibres, and the cavity of the larynx being almost divided by a broad, thin, glistening septum which ran obliquely across it. At one part, the contraction of the passage that resulted from the development of this fibrous tissue was such that a goosequill would hardly have passed. The general appearance of the surface was quite different from that of common ulceration of

the air-passages; there was also a peculiar relaxation or bagging out of the trachea posteriorly at certain parts; some of the rings were denuded; no tubercular deposit. In the chest there was found pneumonia, with pleural effusion, but no tubercles. The liver was a large, shapeless mass, almost completely adherent to the neighbouring parts, and nearly filled with a peculiar form of tubercular deposit; much of it being opaque, yellowish, and cheesy in appearance, though generally having almost a scirrhus density. Spleen much enlarged; eight by five and a half inches; uterus most remarkably undeveloped; peritoneum much discoloured; in its cavity were a few pints of serum.

A cast of the face, showing the loss of the nose, also the larynx, trachea, and a portion of the liver, sent by Dr. L. with the history of the case, were exhibited to the Society.

Dr. Jackson suggested that this disease might, perhaps, be considered as a form of lupus, affecting the mucous membranes primarily, instead of secondarily, as it sometimes does; he had met with a somewhat similar case several years ago, in a little girl. He remarked on the extensive tubercular affection of the liver when the lungs were quite free from this disease, and on the extreme rarity of this form and amount of disease of the liver under any circumstances; the fact of the deposit being tubercular was not merely apparent to the naked eye, but had been proved microscopically by Dr. Bacon, so far as it could be. The disease of the liver probably followed long after that of the mucous membranes. The enlargement of the spleen, as a consequence of the obstruction that must have existed in the portal circulation, is interesting in connection with what is occasionally observed in the case of granulated liver.

Monstrosity.—Dr. JACKSON exhibited a six months' fœtus, which he had received from Dr. Z. B. ADAMS, and in which the contents of the abdomen protruded, forming a large mass or tumour, covered by a thin membrane, and adhering broadly and intimately to the placenta. The umbilical vein, which was, of course, very short, ran along the surface of the mass, and entered the liver upon its convex face. The cuticle was extensively separated, and death had probably occurred about three weeks before delivery; the organs of the abdomen were, therefore, very soft, and being also universally and very closely adherent, no proper dissection could be made. The liver appeared to consist of a single lobe; bladder very large, the urethra being long but very small; no genital organs found; externally, something like labia on each side of the urethra; no anus. The pelvis was very much malformed; the ossa innominata being imperfectly developed, situated quite behind the spine, and disconnected in front. Dr. J. remarked that he had seen several cases of protrusion of the contents of the abdomen, but never before one in which there was an adhesion to the placenta.

Extensive Fracture of the Spinal Column; Complete Division of the Cord; Life continuing two months.—Dr. PARKMAN presented the specimen for the Society's cabinet. The principal fracture was through the body of the fifth dorsal vertebra, and, the bodies of the third and fourth being separated from their laminae, were shot in front of the sixth and seventh. The displaced bones were firmly ossified in their new situations. The specimen was sawn through perpendicularly, and the division of the cord was seen to be complete. The symptoms were those common to these cases. The point of interest was the long continuance of life under these circumstances. Dr. P. stated that death usually occurs before the expiration of the fourth week.

Pulmonary Disease of doubtful nature; at first supposed to be "Acute Phthisis."—Dr. BOWDITCH presented a portion of lung containing, apparently, miliary tubercles, taken from a man who had died with some of the symptoms of *acute phthisis*; and in whom both lungs were found studded with substances similar to those seen in the specimen presented to the Society. Dr. B. considered it as presenting, to the naked eye, all the appearances of miliary tubercles as distinctly as he had ever seen them. He examined them microscopically, with Dr. BACON, for the purpose of seeing the peculiar cells of tubercle, but, to his surprise, none could be discovered. Dr. B. asked the opinion of the members upon the appearance of the specimen, and requested Dr. WILLIAMS to give an account of the case, and Drs. BACON and DURKEE to state the microscopic results obtained by them.

Dr. WILLIAMS gave the following as the chief facts in the case: The patient was a journeyman printer, aged twenty-three. On the 6th inst., when in apparent good health, was aroused from sleep by pulmonary hemorrhage. During the five succeeding days he had several attacks of hæmoptysis, and on the 9th, a considerable hemorrhage from the bladder. He was apparently recovering from the effects of these, when the respiration, which previously had been unembarrassed and without marked abnormal auscultatory phenomena, became oppressed. Crepitation began to be heard in the right lung, afterward extending to the left, and followed by mucous râle. The expectoration consisted almost wholly of frothy mucus. The chest was everywhere resonant on percussion. At the autopsy, on the 24th, the resonance was explained by the existence of vesicular and interlobular emphysema. Both lungs were filled with small globular masses, apparently miliary tubercles.

Dr. BACON stated that, on a microscopic examination, he was satisfied there was no tubercular cell to be found; that there were many inflammation corpuscles, and certain cells looking somewhat like those of encephaloid matter. On this latter point, however, he could not speak definitely.

Dr. DURKEE agreed with Dr. Bacon upon the non-existence of tubercle, and also upon the presence of inflammation corpuscles.

Drs. JOHN WARE and J. B. S. JACKSON considered the specimen, presented by Dr. Bowditch, to have all the common characters of miliary tubercle.

Dr. BOWDITCH thought the case interesting, as showing the importance of the microscope. He asked if it be possible that most cases of so-called acute phthisis, are, in reality, only simple inflammation of the vesicles? Finally, Dr. B. suggested that the case might be one of those called by Rokitansky *vesicular pneumonia*. (*Pathological Anatomy*: Sydenham Society Edition, vol. iv. p. 83.)

[The correctness of the microscope, as a means of diagnosis, is in question, in this case. If the granulations or bodies observed *were* tubercular, upon the grounds of evidence hitherto universally received as satisfactory, then either the microscope is not to be relied upon, finding no proper tubercular cell, or the said grounds of evidence must be renounced. It is more according to reason to consider the case, as Dr. B. has suggested, "*vesicular pneumonia*;" especially as Rokitansky asserts, that the "product of such inflammation, under certain conditions, partakes of the nature of tuberculous matter;"—but such *partaking* does not necessitate the discovery of the cell of tubercle by the microscope; that discovery would at least be doubtful, if not unlikely; yet the naked eye might readily pronounce these depositions tubercular granulations; hence, indeed, "the importance of the microscope" is most apparent.—SECRETARY.]

September 27, and October 11.—Cases of Arrest of Development, Blemishes, etc., in Infants, attributed to Strong Mental Action in the Mother, while Pregnant; Disagreeable Sight; Sudden Shock, &c.; Discussion upon the Question whether such Action of the Mind be ever a Cause of such observed Results.

CASE I. Arrest of Development attributed by the Mother to a Fright during Pregnancy.—Dr. STORER reported the case. Several months since, a female patient of Dr. S.'s expressed some anxiety respecting her sister, who expected shortly to be confined, and who could not be persuaded that she would not have a deformed child. Three or four weeks after her marriage, she was much affected at seeing a hen injured by a stone thrown by a boy—the stone broke one of its legs, and removed the lower portion. She was exceedingly troubled at the time, and as her pregnancy advanced, continually dwelt upon the subject, insisting that her child when born would be found to be deformed. Her friends at last began to feel some concern as to the result, and hence the reason of Dr. S. being consulted. A few weeks afterward, Dr. S. heard from his patient that her sister had been confined, and that one foot was wanting; that, immediately after her delivery, the mother asked to see her child; one foot was shown her as being natural, and an effort made to divert her attention from the child; but she could not be pacified until she saw the other limb, continually insisting that she knew it was deformed. Dr. S., being very anxious to see the child, requested that he might know when it should be brought to this city.

Since the last meeting of the Society, he has had an opportunity to examine it. The child, perfectly well formed in other respects, exhibited upon one of the lower extremities, simply a heel and the rudiments of the five toes, at the extremities of which were placed microscopic nails. Dr. S. observed that he was led to refer to this case from the peculiarities of the patient's conduct previous to her confinement. It was not an uncommon circumstance for a mother, after the birth of a deformed child, to account at once for the defect by something which had occurred during her pregnancy; but he believed it to be very rare for a patient to dwell upon the subject for months previous to her confinement, and immediately upon her delivery insist upon seeing her offspring to prove her conviction.

Dr. BIGELOW, Sen., remarked that very many of these cases are referable to afterthought of the mother. Women are often anxious in regard to the possible deformities of their offspring, and there are few pregnant women who escape seeing some peculiar and even disagreeable sight or objects during their gestation; any marks observed would, therefore, be coincidental, *by the rule of chances*: in ninety-nine out of a hundred pregnant females, no untoward results would be observed. Dr. B. does not believe it possible that an arrest of development can arise from the action of the imagination of the mother, or from the effect of sudden disagreeable impression on her mind. It is not infrequent that mothers inquire *whether their child be perfect*; at all events, the frequency of deformities after any shocking sight is the test of the truth of the existence of such cause for deformity. Dr. B. believes that if one hundred pregnant women were to be exposed to the action of such supposed causes, or should experience any of the strong and peculiar "longings" of pregnancy, no blemish would be thereby produced in the children.

Dr. CABOT referred to the fact that, during the siege of Antwerp, there were very many *stillborn*, and a large proportion of *deformed* children.

Dr. DURKEE asked, if this theory of the influence of mental impressions on the pregnant female does not find support in certain analogies observed among

animals? He referred to Old Testament narration (*Genesis*, chap. xxx.), and added that remarkably similar facts may be observed at the present day in the breeding of animals.

Dr. JACKSON said that very likely there might not be one in a thousand, exposed as suggested by Dr. BIGELOW, in whom unfortunate results would follow; *all* are not *equally susceptible* of such influences—some not *at all so*: the *special* cases, however, are not to be explained or ridiculed away; there is enough of plausibility, if nothing more, in the view he sustains of the matter, to render women cautious of needless exposure to unpleasant sights in the *early months* of pregnancy.

Dr. J. added that, from the cases he had seen, or heard of upon good authority, he was inclined to believe that a malformation in the *fœtus* may be induced by an external cause operating upon the mind of the mother during her pregnancy, and, further, that the malformation may bear to the cause some relation or resemblance. This last has always been a popular notion; but is regarded, on the other hand, by the scientific, as perfectly absurd; the presumed cause operating upon the mother at a period of pregnancy when the *fœtus* must be too far developed, it is said, for any such malformations as have been referred to, to be produced. There is, moreover, no nervous communication between the mother and the *fœtus*. The number of negative facts is numerous beyond account; of cases, that is, where a sufficient cause, according to the above hypothesis, existed for malformation, and yet none occurred. No possible explanation can be offered for the production of a malformation by the presumed cause; nor will it be possible, until we know much more than we do of the obscure subject of the physiology of the *fœtus*. The resemblance between the malformation and the cause, it is said, is a mere coincidence; but, upon the common doctrine of chances, the coincidence is too remarkable to be explained away so readily, and, if one case is suggestive, a second adds very great weight, and a third is almost or quite conclusive. M. St. Hilaire (*Anomalies de l'Organisation*) believes that some monstrosities, the anencephalous for instance, owe their being, in some cases, to the operation of a strong moral cause upon the mother; but he does not believe in any resemblance in the particular malformation to the exciting cause, and for the reason above mentioned. It would have been well had he stated at what period of pregnancy the mothers, in his cases, were subjected to the causes that led to their monstrous births. Another remark often made is that pregnant women do not predict the malformation, but, when it is discovered, look back for some cause to which they can refer it. This might be questioned; but, allowing that it is so, and even that they had ceased to think of the assigned cause, it does not follow that it had not operated efficiently at the time; the impression was made upon the mind of the mother, and through it upon the *fœtus*; the one was soon effaced; the other remained. Much would depend upon the character of the exciting cause, and much also, as he had before remarked, upon the *susceptibility* of the individual to the receiving and the retaining of impressions. Dr. J. then reported the following cases:—

1. Several years ago, he saw a young lady, about thirteen years of age, of rather a small and delicate figure, and whose middle finger upon one hand was fully equal in size to that of a man's; the corresponding metacarpal bone being also decidedly enlarged, and even the forearm somewhat so. The finger was itself well formed, as in some other cases of similar malformation that have been observed here. The hand also was otherwise well formed.

The mother of this young lady, during her pregnancy, was obliged for a long time to dress a felon or whitlow for an old uncle, the finger affected cor-

responding to the one that is malformed in the case of her daughter; and the operation was always disagreeable to her, as she was a woman of a particularly nervous temperament.

2. In November, 1846, Dr. J. saw an infant with an extensive blood-mark, as it may be called, upon one of the upper extremities. The mother, whom he has attended for several years, and knows to be a woman of very susceptible feelings, gave the following statement: When two and a half to three months pregnant, though not at the time aware of her situation, she had been out of town for the afternoon, when, on her return, as the cars entered the depot, she saw a man who had been recently killed. He was lying upon his face, with his head turned to one side, the sleeve of his coat torn entirely off, the whole upper extremity exposed and more or less bloody, and so twisted, as she supposed from dislocation at the shoulder, that the hand lay upon the upper part of the back. At this sight she nearly fainted, and probably would have entirely, if she had not had two of her children with her. For at least a month afterwards she was decidedly ill; and during the remainder of her pregnancy she could not banish the thought from her mind; she also felt that there would be great danger in regard to the child in utero, though she never expressed her anxiety upon this point to any one. The extent and degree of the discoloration of the skin were not fully recorded by Dr. J. at the time; but, having recently seen the mother, she informs him (for the child has since died) that it extended from the back of the hand and towards the thumb, where it was most marked, upwards along the extremity to the shoulder, and even somewhat upon the neck. It was not equally marked throughout, being in some parts more or less continuous, and in others simply spotted or dotted. Her other children she has always dressed in short sleeves; but this child's arms she covered, on account of the marked deformity; and, as she says, if it had lived, it could never have worn a low-necked dress. The child itself, moreover, was so sensible of the mark that it would occasionally be seen endeavouring to wipe it off. The discoloured arm in the child corresponded, as to the side affected, with the one that was injured in the man.

3. Dr. Z. B. ADAMS related to Dr. J., several years ago, the following case: He attended a woman in labour, and the child was found to have one of the forearms terminating in a conical stump just above the wrist. During her pregnancy she attended for several weeks upon her brother who had had his hand torn off by machinery, and the forearm afterwards amputated; the injury being upon the same side as the malformation in the child.

4. Case reported by the late Dr. DOANE, of this city. The mother of several blind children was holding one of them in her lap, when it put its finger into one of her ear-rings, drew it down forcibly, and tore it through the flesh. She was pregnant at the time; and when her child was born, it had a fissure in the ear corresponding to the laceration in its mother's.

At the next meeting, Dr. STORER said he had met with reports of two cases since the last meeting, which tended to confirm the opinion at that time advanced, that any remarkable sensation sustained by the mother during her early pregnancy, might produce an effect more or less well marked upon the foetus in utero—that this effect need not necessarily partake of the character of the exciting cause—but that, should the mother be so far influenced as to receive a decided shock upon her system, it might be followed by some abnormal condition of her child—arrest in development or some peculiar malformation. The following cases he had observed in the "Proceedings of the Medical Association of the State of Alabama," for Dec. 1850.

"Dr. R. LEE FEARN related the following very remarkable particulars of a

case, where the impressions received by a mother during pregnancy, affected her child in utero. A gentleman, whilst shooting, shot through the metacarpal bone of his index finger. The wound was a bad one, and piece after piece of the bone came away. A few months after the accident here mentioned, and in due season, his wife bore him a child perfectly formed in all respects. When about four months advanced in her second pregnancy, an operation was deemed necessary to remove the last remaining portion of bone in her husband's finger. She witnessed the operation, and was much shocked and alarmed at the sight. When her child was born, it was found to be deficient in this very bone, though in all other particulars it was a well-formed child. The Doctor thought this was by no means the result of chance, but a very conclusive instance of cause and effect.

"Dr. DOSSEY remarked, that the relation of this case called to his mind a similar instance:—

"Dr. G—— was thrown from his horse and broke his leg, midway between the ankle and knee. His wife was about five months advanced in pregnancy. When the child of which she was pregnant was born, it had on the leg corresponding with the injured limb of the father, and at precisely the same spot, the appearance of a fracture of the limb, and there was also a decided shattering of the leg."

Dr. STRONG thought that the notion so popularly entertained in reference to this matter is too general not to have *some foundation in truth*. It certainly deserves investigation. He added that the idea of greater liability to these attributed effects, from the causes mentioned, in the *early* part of pregnancy, seemed to him very well founded; perhaps the influencing power, be it the imagination, or what it may, *ceases after a certain period of gestation*; has a *limitation*. Dr. S. also referred to the fact that a *mare* covered by a *quagga* always afterwards, when impregnated by a *stallion*, brought forth *striped colts*.

Dr. CABOT mentioned the statement of M. Donné, of Paris, who declares the above fact, as stated by Dr. Strong, to be constantly observed under the same conditions; he even goes farther, and asserts that one portion of the constitution of one man is propagated, *by another man*, from the *widow of the first to children by the second*.

Dr. BIGELOW, Sen., asked to what cause we must attribute the imperfections and arrests of development observed in fruits, flowers, and plants. Have *they* imagination? and does it act with this effect upon them?

Dr. B. declared his entire disbelief in any such effects from the attributed causes.

Dr. HAYWARD, Sen., asked whether this action or influence (if it be recognized as efficient) is *imaginative* or purely physical? Dr. H. mentioned a mother, who, while pregnant, suddenly saw one of her children, ill with pneumonia, covered with blood by some accident; the child she was carrying, when born, had a *large red stain* or spot upon its face. Here, imagination could hardly be the cause, for the woman had not thought of, or brooded over, the occurrence, nor had she any apprehension that her infant would be marked.

Dr. HOMANS spoke of an acephalous fœtus, the mother of which during pregnancy had not ever apprehended any marring of her child. Dr. H. does not remember, since that case, any other wherein the mothers had *anticipated* any monstrosity, although such did occur. These facts he considered would militate with the imagination doctrine, or the idea of effect from strong mental impression or shock on the fœtus in utero.

Dr. STRONG remarked upon the difference between mental and physical

laws in their action on the system. Some individuals have, and some have not, the imagination sufficiently sensitive and impressible for the production of such marked action as has been referred to. The *final question*, however, is whether such results are *ever* produced. If this be proved and conceded, it is sufficient to make the fact a fixed one. *One* instance thus established is enough, and as good as *ten thousand*. The numerical system is valueless upon this question.

Dr. BIGELOW, Sen., would pronounce this principle of different impressibility, &c., to be the foundation of all the charlatanism of the day. The remarks of Drs. Jackson and Strong go to prove only the possibility of these occurrences under the above-supposed theory, but do not establish their certainty. There is not sufficient basis, as he views the subject, for making a rule or law in regard to it.

Dr. STRONG asked if any one had seen so strongly marked special cases as that of the slitted ear and the enlarged finger narrated by Dr. Jackson?

Dr. HAYWARD, Sen., mentioned two cases of slitted ear; the slit being in the portion in which ear-rings are inserted. One individual, when seen by Dr. H., was 16 or 17 years of age. The mother did not remember any accident or sight possibly causative of such a result.

Dr. WM. T. PARKER related the following case, which occurred in his father's practice in Virginia, many years ago: A lady, three months advanced in pregnancy, saw a pig, driven furiously out of an inclosure by a negro boy, have *its bowels torn out* by the stake of a fence. The lady was greatly shocked, and fainted. Her child, when born, had the entire front of the abdomen covered only by a thin film, and the intestines were visible through it. There was also imperforate anus. The child died not long after birth.

Dr. CHANNING related the case of a lady in Edinburgh, of which he heard while there lately: Her surgeon had been performing the operation for hare-lip, and the lady's attention was drawn to some blood which chanced to remain upon one of his fingers; at her request, he described the operation to her. She was from four to five months gone with child; at birth, *the child was found with hare-lip*. The mother stated that she had been much impressed by the above occurrence and narration.

Dr. C. alluded to the fact that the umbilical cord sometimes performs amputation of foetal limbs.

Dr. COALE said that the agency of mind upon matter cannot be denied. Sometimes the cause and the effect of nervous impressions are greatly disproportionate the one to the other. The action of these impressions on the stomach and bowels is undoubted. Dr. C. mentioned a patient under his care who, during her pregnancy, saw a deformed man, and was greatly affected and troubled at the occurrence. Previous to her confinement, however, the vivid impression subsided, to be renewed during the throes of parturition. She became very apprehensive of possible deformity of the child about to be born, which, however, presented none.

Dr. BIGELOW, Jr., thought the *negative*, as well as the *positive* evidence on this subject should all be weighed; otherwise, *fallacious results* are nearly sure. *Strong numerical evidence* and *many cases* seem to him necessary for a decision; isolated cases are insufficient.

At the meeting holden Nov. 8, Dr. STORER reported that he had, during the last week, delivered a woman of an infant with hare-lip; the mother, the day after confinement, told him that she had been very painfully impressed while visiting, during her own pregnancy, a friend who was dying from phthisis, and who, during her visit, had a severe and sudden attack of hæmoptysis, accom-

panied by distressing dyspnoea. The pregnant lady was greatly shocked, so much so as to faint; and she subsequently thought frequently of the occurrence, fearing its effects upon the child she carried. This infant was born with a hare-lip of double fissure.

Dr. GOULD mentioned, as a "set-off" case to the above, the following: On last Monday, he attended a woman in labour, who, at the birth of her child, was very anxious that its palate should be examined, she having, early in her pregnancy, seen a person with very disagreeable countenance from deformity of the palate. She had been very unpleasantly affected by the sight, but, notwithstanding her very strong apprehension, no effects are visible upon her child.

The discussion of the subject was not resumed.

Peculiar Case of Lithotomy; singular Nucleus for, and unusual Size of the Calculus.—The specimen was brought by Dr. WM. G. WHEELER, of Chelsea, Mass., who performed the operation for its extraction.

Dr. STEDMAN exhibited the calculus, and gave the following account of the case, furnished by Dr. Wheeler:—

A female, 21 years of age, came under Dr. W.'s care a few months since; she had for a long time suffered severely; all the usual symptoms of stone in the bladder were undeniably present, and, indeed, very marked. A sound being introduced by Dr. W., the presence of a calculus was readily detected. The severity of the local symptoms, and the apparent large size of the stone were the circumstances chiefly engaging attention. The stone seemed immovable, judging by the impression communicated to the sound while examining; the sensation would perhaps convey the idea of the calculus being fixed at certain points. The patient complained occasionally of great pain in the pubic region, as if something sharp pierced the neck of the bladder. Dr. W. was unable to determine the exact size of the calculus. With the hope that it might be sufficiently soft to be crushed, the operation of lithotrity was attempted. With the assistance of Drs. Stedman, of Boston, and Ingalls, of U. S. Marine Hospital, Chelsea, two trials at crushing the stone were made unsuccessfully; the bladder was contracted and irritable, so as to allow of little or no distension by the injection of fluid; and, moreover, the stone proved to be hard, and of such size and shape that it could not be held or fixed within the grasp of the instruments. The constitutional symptoms, also, which followed each of the above attempts, were severe. Dr. W. feared lest inflammation might supervene, of fatal nature, after the last trial.

Disappointed as to lithotrity, the operation of lithotomy seemed the only resource. The case was plainly stated to the friends; a preparatory treatment adopted, and the operation urged. On the 1st of October, the patient, having consented, was etherized, and the operation done by Dr. W., assisted by Drs. Stedman and Ingalls. The vagino-vesical method was chosen, as offering apparently the best chance for the patient, on account of the situation of the stone and the contracted condition of the bladder. The patient being placed in the usual position, an incision was carried downwards and backwards upon the groove of the staff; the operator's forefinger, passed through this opening, felt the stone, of large size, and apparently fixed at certain points. Fears of a sacculated condition of the bladder were suggested; farther exploration by the finger discovered a projecting point, which was at first supposed to be a sharp corner or tubercle of the calculus; but it was finally concluded that it was some foreign body which had served as a nucleus for the calcareous deposit. Efforts to break the stone failed; and, the position of

the forceps being changed, one blade was passed over the sharp point alluded to, and after much difficulty, manipulation, and delay, a stone was extracted weighing over two ounces and three-quarters, and there was found passing obliquely *through its centre, a large wire hair-pin*, measuring over three inches and a half in length. This pin, and the direction it had with regard to the incision, together with the size of the calculus, caused the delay and embarrassment in the extraction of the latter. Thus is also explained the seeming immobility of the stone at certain points.



The patient survives the operation, and has done remarkably well, with the exception that a small fistulous opening still remains. The local as well as the constitutional symptoms have been very mild, when compared with those which followed the previous attempts at lithotripsy.

The history of the hair-pin is of some interest, as it gives a probable date of the commencement of the formation of the calculus. Since the operation, the patient has stated that the pin *was introduced through the urethra about six years ago*. She never mentioned this fact to any one; preferring to suffer in silence. The foreign body caused some pain and uneasiness soon after its passage within the bladder, but no severe symptoms were manifested until about two years after its introduction, since which time they have gradually increased in severity.

Dr. CHARLES T. JACKSON analyzed the stone, and found it to be composed mainly of phosphate of lime, coloured a little with urate of ammonia. The rough surface which the calculus presents is owing to the action of the instruments during the previous efforts to crush it. The points of the hair-pin were bent down upon the side of the stone (as seen in the engraving) by the blade of the forceps, thus facilitating the extraction of the mass, and also avoiding laceration of the bladder and adjacent parts, which had suffered so much from continued irritation.

Four months after the operation.—Dr. W.'s patient is out, and visits her friends; she has regained her usual health and strength. The fistula still remains, and has resisted all the usual modes of treatment; sutures have not been tried as yet, but will be attempted if required. A few weeks

since, the opening seemed likely to close, as little or no water at one time escaped. From cold, or some other exciting cause, a small abscess formed within or near the neck of the bladder, which, in evacuating its contents, reopened or enlarged the fistula again.

November 8.—Cancer of the Tongue and neighbouring parts.—The following history of the case was received from Dr. J. S. JONES, in whose practice it occurred. The patient was fifty-six years of age; smoked habitually, and used brandy freely, though not addicted to intoxication. One and a half years ago his disease first appeared in the form of a small purple tumour beneath the tongue, and without pain. Six months afterwards, when Dr. J. first saw it, it had increased in size, and was ulcerated; gums of the lower jaw fungous; profuse salivation; great soreness of the parts, and severe pain in the head; this last being a very prominent symptom in the case. At this time he was attending to his business in a grocery store, but for the last three months he was confined principally to the house; the disease showing externally on each side and below the lower jaw, and breaking out into an open sore upon the right side some weeks ago. Constipation was a marked symptom towards the last. Died easily, with cessation of pain and discharge the last few days. Hereditary tendency; a sister was said to have had cancer of the womb, but died of cerebral disease; a paternal aunt died at the age of fifty-six, of cancer in the throat; and a maternal cousin, at the age of twenty-six, of cancer in the mouth.

The diseased parts were exhibited by Dr. JACKSON, who made the dissection. Externally, there protruded below the lower jaw and upon the right side, a solid tumour, one-third or one-half as large as the fist, and ulcerated upon the surface. On dissection, the diseased mass was found to be well defined, extending downwards and backwards to the top of the larynx, laterally to beyond the submaxillary gland, and upwards into the substance of the tongue; in the anterior half of which it appeared in the form of a rounded tumour three-fourths of an inch in diameter. The diseased structure was as soft as the average of encephaloid, and of a faintly yellowish white colour, but not uniformly so; cut surface rough or coarse, and presenting altogether the appearance of a cancerous affection, which it was further shown to be, from a microscopic examination made by Dr. H. J. BIGELOW; no effusion of blood as in encephaloid. Extensive and very foul ulceration beneath the tongue, and above the gum and under lip; yet no sloughing is seen. The submaxillary and two or three neighbouring lymphatic glands were healthy. Teeth in the lower jaw quite loose, but not fallen; the jaw, also, which was removed with the diseased parts, appears quite sound, excepting the absorption of the alveoli. Organs of the thorax and abdomen thoroughly examined, but no trace of cancerous disease found.

Tumour connected with the Sartorius Muscle.—Dr. J. MASON WARREN showed the specimen, which was interesting from the fact that a cancerous tumour of the breast had been removed from the patient five years ago. One of her sisters had also been subjected to an operation on the breast for an encephaloid tumour fifteen years since, and is now well, having assisted at the above operation. Another sister was also afflicted with a tumour of the breast. The tumour in question appeared about a year and a half since, and when Dr. W. saw it, three months ago, was four inches long and three wide, commencing just below Poupart's ligament and extending down the thigh. It was placed under the fasciæ, and was movable in certain positions of the limb.

Dr. W. was at first disinclined to advise any operation, fearing that this was a fresh demonstration of cancerous disease. On further consideration, and having repeatedly examined the patient, finding no affection of the neighbouring glands or of abdominal disease, and she being very urgent to have an operation done, he finally consented to remove it. The tumour, on dissection, was found incorporated with the sartorius muscle, which was spread out on the back part of it. This being cut away above and below, the tumour was detached from its various adhesions. When it was lifted up, in order that the dissection might be prosecuted underneath it, on cutting the saphena vein where it pierces the fascia, a distinct sucking sound was heard, as of the air being pumped into the vein. The finger was immediately placed over the mouth of the vein, and the farther admission of air prevented. The pulse remained for some time quite slow, and the patient did not revive from the effects of ether, the dose of which had been small, as readily as is usual; whether this arose from the effects of the latter agent or from the entrance of the air into the vein cannot be readily determined. The tumour, on being laid open and examined microscopically, displayed no malignant appearances, and all the organs in the neighbourhood of it were in a healthy condition, so that it is to be hoped this patient may still have an immunity from the disease.

November 22.—*Imperforate Anus, &c.*—Dr. EZRA PALMER, Jr., who attended the case, reported that the child was born on the 6th inst., and died on the 11th. Vomited, if the smallest quantity of fluid was given to it; abdomen never much distended. Passed thin yellow feces pretty freely and forcibly through the penis, but never any urine, so far as ascertained.

Dr. JACKSON, who made the dissection, showed the parts. The penis is small and otherwise imperfectly developed. Scrotum deeply divided upon the median line, like two labia; testicle felt on each side. The external appearances were shown by Dr. P. in a cast, that he had had taken for the Society's Cabinet. The large intestine was much distended, and opens into the prostatic portion of the urethra, just at or behind the verumontanum. This opening allows the passage of a small probe; but, probably from being somewhat valvular, air is not very readily forced through when the intestine is distended. Bladder rather thick, with considerable redness upon the inner surface; and, when recent, contained some liquid feces. Left kidney and renal capsule well; ureter, perhaps four times its usual size, but opened into the bladder. Right kidney and renal capsule exceedingly small; ureter was greatly enlarged, and filled with secretion, there being no opening into the bladder. It having been sometimes stated that in cases of imperforate anus there is no development of a sphincter, and that, consequently, there would be no power of retention if an opening should be made into the intestine, this point of anatomy was observed in the present case, and the muscle was found in the usual situation, and quite developed; there is also seen a sort of muscular septum upon the median line, and extending from the skin or integuments nearly to the membranous portion of the urethra and bladder. No other malformations were observed, excepting a club-foot upon one side, the corresponding extremity being rather small.

Dr. J. referred to the observation that he had often made, and which had already been published in the *Proceedings of the Society* (*American Journal of Medical Sciences*, July 1850), that such an opening as has been above described is always to be found in ordinary cases of imperforate anus, *i. e.* in those cases in which the intestine comes down into the pelvis, and there seems to terminate in a *cul-de-sac*. He now further remarked that when the anus is imperforate in

a female subject, a corresponding opening, so far as he has observed, is always found from the intestine into the vagina; this part of the genital canal in the female corresponding probably with the prostatic portion of the urethra in the male. Two cases he had met with in the lower animals, besides several in the human subject; and as yet he has never seen a case of this kind of malformation in the female, where there was not a direct and free communication between the intestine and the vagina; the opening, indeed, being so free that the function of defecation is sufficiently well performed, and the individual may live to the adult age, instances of which have occurred here as elsewhere. As to cases of imperforate rectum, Dr. J. has always found the upper portion terminating in a perfect *cul-de-sac*; he had, however, heard on good authority of a case that had recently occurred in this city, and in which, as feces were passed through the penis, there must have been an opening, though it was not shown where it existed, an examination after death not being allowed.

Cadaveric Softening of the Stomach with Perforation of the Diaphragm.—Dr. JACKSON showed the specimen, taken from a patient of Dr. E. H. CLARKE; a healthy infant, twenty-two months old, that died with acute pulmonary symptoms of about thirty-six hours' duration, and had had no symptoms whatever referable to the stomach; pressure upon the epigastrium borne well. On examination, fifteen hours after death, the whole left extremity of the stomach was found open and the contents of the organ effused into the cavity of the abdomen; with a defined brownish discoloration of the surface of the spleen where it had been acted upon by the secretions. In the membranous portion of the diaphragm were two perforations through into the left pleural cavity; they were not more than two lines in diameter, and but little of the fluid had passed through. No inflammation of either serous membrane, and no softening of the œsophagus. Dr. J. remarked that he had several times met with this last, and a discharge of the contents of the stomach into the left pleural cavity; but he had never before seen an opening through the diaphragm, though it has been observed by others.

Comminuted Fracture of the upper extremity of the Thigh Bone—shown by Dr. MINOT.—There is an irregularly transverse fracture of the bone, from an inch and a quarter to two inches and a half below the upper part of the neck; a fracture through the root of the neck; a fracture through the base of the trochanter major, and another through the base of the trochanter minor, completely separating those processes.

The patient was a female, aged eighty-four, who slipped down at her bedside and fell upon the right hip. The limb was shortened about half an inch, there was slight eversion of the foot, and severe pain about the hips, aggravated by motion. The limb could be freely rotated, and drawn down about an inch below the other. No well marked crepitus was felt during life. She died in eight days. Crepitus was easily felt on rotating the limb after death.

The nature of the accident, the age of the patient, and the amount of pain, left but little doubt as to the existence of a fracture about the hips, notwithstanding the absence of crepitus.

Fusel Oil in Phthisis.—Dr. STORER remarked, that during his last term of four months' attendance at the Massachusetts General Hospital, he had administered the fusel oil in several cases. In only two of these cases, how-

ever, had it been taken any length of time. They were now referred to, that the attention of the members of the Society might be directed to the subject; that they might test the value of the oil as a remedial agent. In the cases now noticed, although no perceptible change had been brought about in the physical signs during its use, great relief had been produced of several of the most annoying symptoms.

Susan Lynch, aged thirteen years. Ireland. Entered hospital Sept. 1st. Some dulness observed on percussion over right scapula; well-marked sub-mucous râle; bronchophony; dulness on percussion under right clavicle; crackling, and pectoriloquy.

Ordered fusel oil, three drops in a drachm of wine, to be given three times daily.

Oct. 27. Cough lessened; weighs ten pounds more than upon entrance.

Ann Ferguson, aged twenty-two years; domestic; born in Ireland. No hereditary predisposition to disease; well until three and a half years before entering hospital, Aug. 13, 1852. After a day of hard work and exposure, took cold, and has suffered from cough ever since. Had hæmoptysis two and a half years ago, very slight; and again, about one week since, raising a few mouthfuls. Cough now most urgent in mornings. Has chills, heats, and night-sweats; has lost flesh since last spring; expectorates thick yellow matter.

Aug. 13. Dulness on percussion beneath right scapula, with increased resonance of voice and muco-crepitous râle. Also muco-crepitous râle and resonance of voice below right clavicle; expectorates a thick muco-purulent matter, a portion of which is slightly tinged with blood; nails adunquæ; weighs 102 pounds.

Ordered fusel oil, five drops in a drachm of wine, three times daily, immediately after each meal.

Sept. 2. Cough has diminished since taking oil; is much more comfortable; experiences no inconvenience from cough.

Oct. 8. Weighed yesterday 109 pounds, having gained seven pounds since entrance.

Dr. C. E. WARE reported a gain of ten pounds of flesh in a patient, in eight weeks, under the use of *palliatives* merely; the case being one of phthisis, and aggravated also. In three cases in which Dr. W. had used the fusel oil, it was borne well as far as the dose of eight drops; there was no perceptible effect from its use; death took place in each of the cases. Few patients can bear large doses, in Dr. W.'s experience; he now has one who takes fifty drops, *ter die*; and another who takes thirty drops as often; he has never observed pain in the bowels from the use of this medicine.

Dr. GRAY asked if Dr. Storer's patients at the hospital were *not better fed and cared for*, while there, than previously; and if this should not enter somewhat into the case as an element in the causation of increase of flesh, &c.?

Dr. MINOT, who had charge of one of the above patients, previously to his entrance at the hospital, said that his *cleanliness* was vastly improved by the change; also, that at his home, the *ventilation* was excessively bad; his food had, probably, always been sufficient.

Dr. GRAY said he had tried the fusel oil in one instance, but it proved so disgusting to the patient that it was discontinued.

Dr. HAYWARD, Sen., thought that Dr. Storer's cases must be received with a degree of caution; the change in comfort and nutrition the patients experienced at the hospital is certainly an element of importance in the treatment. To test any medicine fairly, the patients must be kept in the same hygienic condition, continuously, during its trial.

Dr. STORER said he did not wish to avow his faith in the fusel oil; nothing else was taken, however, and it certainly had a marked sedative action.

Dr. JACKSON remarked that phthisical patients do not, usually, improve at the Hospital, but the reverse; he considers the results in Dr. Storer's cases as very striking, under the circumstances.

December 13.—Extensive Suppuration of the Liver.—Dr. JACKSON reported the case, of which he had recently made the dissection. The patient was a healthy young man, 19 years of age, and a clerk in a store in this city. For six weeks he had had what his physician regarded as typhoid fever; the early symptoms being mild, as they so often are in that disease, so that he was not seen during the first week. The disease was, however, particularly characterized by a daily paroxysm of chill, heat, and perspiration; so that the case would rather have been regarded as one of intermittent fever, if the individual had ever been exposed to malaria; the paroxysms varying in severity, but being towards the last more marked, and leaving him then much prostrated. Under the effect of large doses of quinia they were stopped for a time. In regard to the liver, there never were any symptoms that led to a suspicion of its being diseased; no pain existed, and he could lie equally well on either side; no yellowness of the skin; a little vomiting about a week before death, but relieved at once by an emetic of ipecac.; state of bowels not remarkable.

On dissection, the liver was found of medium size, rather flaccid, and of a pale, bluish-red colour externally. Throughout its substance, abscesses were found, varying generally from one to two or three inches in diameter, and occupying altogether one-half or more of the whole organ. The contents were generally a thin, porraceous, somewhat curdy fluid, of a grayish colour, and exceedingly offensive; in many of them there was evidently more or less pus, and a few were filled with pure, thick, yellowish pus. Inner surface whitish, as from a deposit of lymph. These abscesses were quite defined; there was no induration, nor any ecchymosis about them; and the intervening substance of the liver was soft or friable, and of rather a dark red colour. The gall-bladder contained two or three ounces of thin, orange-coloured bile, with considerable grumous, bilious deposit, but no trace of pus.

At the entrance of the vessels into the liver an enlargement and induration was felt; and on cutting this across, a gush of fluid escaped from the vena portæ, similar to that first described as found in the abscesses. This vessel being then further examined, it was found to open into and lose itself in the abscesses soon after its entrance into the organ; inner surface coated with adherent lymph. Superior mesenteric vein traced for an inch after the trunk of the vena portæ had been divided, but nothing unusual was found; and so of the splenic vein, which was examined throughout, though not until some time after the parts had been removed from the body.

Just to the outside of the cæcum, and beneath the peritoneum, was a defined dark gray spot, about three-fourths of an inch in diameter, and without much, if any, induration; and from near this there extended upwards and inwards towards the spine, a sort of chain of dark gray indurated tissue; on cutting open this last, there was found some white, opaque, rather firm substance, apparently the result of former suppuration. Though not traced anywhere near to the liver, it was suggested that it might have some remote connection with the acute disease in that organ. Veins healthy, so far as observed; as were the lungs, intestines, and other organs of the thorax and abdomen, there being no peritonitis even over the inflamed liver.

Dr. J. remarked upon the extreme rarity, in this part of the country, of suppuration of the liver; upon the latency of the disease; and upon the febrile paroxysms as a constitutional evidence that suppuration was going on somewhere in the system; the temporary arrest of the paroxysms by quinia, under such circumstances, was worthy of note.

Sudden Death. Obscure Symptoms.—Reported by Dr. PUTNAM.—A female domestic, 30 years of age, had felt somewhat unwell for a few days, but not enough so to prevent her attending to her usual work. On Saturday, Dec. 11, she washed clothes in the forenoon; in the evening, she was out visiting friends. On going to bed, had a very severe chill, which lasted a long time; this was followed by heat, with extreme distress and pain. The pain rather more severe in the side than elsewhere. During the next day, the distress was lessened, but not entirely removed.

Sunday evening, again in great pain; insisted on getting out of bed, and died in the night, while sitting up and expressing herself as feeling in some degree relieved. She had been somewhat livid during the day, and after death petechiæ appeared over the whole body, varying in size from one-sixteenth of an inch to two inches in diameter. There were no physical signs of thoracic disease.

Dr. JAMES JACKSON remarked that the severity of the symptoms, and sudden and fatal termination of the disease reminded him of the petechial fever which prevailed here many years since.

Pneumonia; rapid progress of the disease.—Dr. STORER reported the case. The patient, a young woman just married, complained of some pain in her chest and very slight cough, on the 6th inst. On the morning of the 7th, she was able to attend to some ironing. Dr. S. was called to see her on the evening of that day. At 7 o'clock, on the morning of the 8th, she died. When Dr. S. saw her she was very feeble, and had severe dyspnoea; being raised in bed for a moment, he detected extreme dulness in her right back, and the expectoration following an attack of coughing was a bloody mucus.

Spinal Disease.—Dr. GOULD reported the fatal termination (Dec. 6) of a case of which he had previously given some account (Aug. 9, 1852). The same train of phenomena continued with increasing intensity. Towards the last, the contractions, which had been mostly confined to the right limb, nearly ceased on that side, and were transferred to the left side. Spasms of the stomach also supervened, by which its contents were ejected with great violence, and without nausea or premonition. This rejection of food, together with intense pain and loss of sleep, rapidly exhausted her. Nothing gave her essential relief except ether. She used chloric ether, three parts with one part chloroform. This was given three or four times every night, and procured half an hour of quiet each time. During the three last days she was almost constantly under its influence, lying quiet, and partially comatose, rather from loss of strength than from any cerebral affection. The limbs were flexed to the utmost at death, and required the force of a man to extend them.

The spinal column having been opened throughout, there were found adhesions between the two surfaces of the arachnoid posteriorly, and also between this and the pia mater, from the middle of the cervical region downwards, and to the extent of about six or eight inches; these were formed by a sort of coarse, loose network of short, delicate, colourless, and yet strong fibres. These adhesions were not observed upon the corresponding anterior portion of

the membranes, nor elsewhere; nor was there any other disease of the membranes, excepting a small, pyriform, fibrous tumour, that was found upon the outside of the theca in the cervical region. This last was supposed to contain a cysticercus or some other worm; but none was found, on careful examination. Spinal marrow very thoroughly examined; but nothing found except a slight degree of softening corresponding to the adhesions. Brain rather firm; the left lobe judged to be larger than the right. Some serum beneath the arachnoid, over the convexities; and a little in the cavity; quantity in the ventricles small. The organs of the thorax and abdomen were healthy, excepting a fatty degeneration of the liver, and a small renal calculus.

The friends have always been disposed to attribute the condition of this child to a fall which she had from the nurse's shoulder when three or four weeks old. The situation of the indications of inflammation of the spinal column would tend to support this view. Dr. G. is disposed to lay less stress upon the probable dependence of the symptoms on injury to the cranial contents during parturition than formerly. In some cases, attended with similar phenomena, and following still-birth, the child has presented the breech; in which event, no cerebral injury would be likely to occur. In many cases of difficult labour, too, the head becomes very much distorted, and remains so for many days, without the occurrence of subsequent untoward symptoms. The lesion, therefore, if any, must have arisen from the long period during which the child remained asphyxiated, a condition which occurred to all the children similarly afflicted, of whose cases he has been able to learn the history. Therefore the doubtful expediency of long-protracted efforts at resuscitation still presents itself.

Cancerous Tumour of the Breast.—Dr. J. MASON WARREN related the case and showed the specimen, which had some facts of interest connected with it. The patient was 60 years old, and said that she had continued to have milk in both breasts since the birth of her first child, thirty-seven years ago. One year and a half since, the present tumour appeared under the edge of the right breast. It was now quite movable, a little painful, and was gradually increasing and becoming more attached to the mammary gland. This lady states that her mother died of cancer of the breast, and one of her sisters of a cancerous ulceration of the nose. The tumour was removed with a bit of skin which was slightly adherent to it, and a portion of the gland. It was distinctly cancerous.

Dr. W. reminded the Society of another case he had formerly mentioned of cancerous breast, in which the milk had been retained on that side for twenty years, previous to the development of the tumour.

Compound Fracture into Knee Joint. Amputation.—Dr. J. MASON WARREN showed the specimen. He said that the case was instructive on account of the difficulty in deciding, at the time, whether immediate amputation should be performed. The patient, when first seen at 6 o'clock P. M., had received a compound comminuted fracture of the knee joint, an hour and a half before, from having the fluke of an anchor fall upon him. A wound existed on each side of the joint, so that the finger could be passed from one side to the other, encountering the broken fragments of bone. The injured part was quite insensible to examination. There was a moderate but constant flow of blood from the wounds. The pulse was 120, irregular, feeble. Patient a little flighty. Stimulants were given every fifteen minutes for two hours, but with no improvement in the pulse, the discharge of blood gradually increasing from

the wounds. Under these circumstances, the question which presented was, whether to proceed to immediate amputation, from fear of the patient losing his chance by hemorrhage, or to apply a tourniquet, and wait for an improvement in the symptoms. On consultation with his colleagues at the hospital, Dr. Townsend and Dr. Clark, the latter course was decided upon. On the following morning, the appearances were much the same. Pulse 120, soft. The leaking of venous blood continued. On further consultation, it was thought unsafe to defer longer the removal of the injured part. The patient was therefore etherized, and the amputation practised. The case has gone on since quite favourably.

Foreign Body in the Air-Passages.—Case reported by Dr. M. S. PERRY, in whose practice it occurred.—Mrs. S., aged sixty, was taken quite suddenly with a cough twenty-five years since. It was at the time spasmodic in its character, attended with some soreness across the chest, but no expectoration. In the course of a few weeks she began to expectorate, and from that time till about six months since, the expectoration has been profuse. Her health, which had been previously good, was much impaired; all the functions were disturbed; about six months since, while in the act of coughing, she expelled from the larynx a hard substance, nearly the size of a small white bean, and somewhat similar to it in appearance. From that time to the present, she has had no cough, and her health has much improved.

The foreign body was exhibited, and much resembled the "pearls" sometimes found, loose or attached, within the shell of an oyster.

Large Aneurismal Varix of the External Carotid Artery, and the External Jugular Vein.—Dr. PARKMAN exhibited a plaster cast taken from life, and intended for the Society's Cabinet. The patient, now thirty-five years of age, was accidentally struck, at the age of eleven, within his right ear by a small chisel. The flow of blood was profuse at the time, but was checked by pressure, and the present condition of the parts has been the result, viz., an enlargement of the external jugular vein in its whole length from the front of the ear to the clavicle, to a diameter of about two inches, an enlargement to a less degree of the common and external carotid arteries corresponding in situation, with manifest thickening of their coats, and some slight enlargement of the veins at the temple. In front of the ear opposite to the spot where the communication between the artery and the vein may be supposed to have been made by the wound, there is a very strong pulsation, with loud purring thrill, and here the tissues over the blood are much thinner than elsewhere. Pressure, made deeply over this point, stops the pulsation, and the vein is so emptied as to be very much diminished in size. The accident happened in Glasgow, Scotland, whence the patient came a year since, and he has always been an object of interest, and has been many times examined by the different distinguished surgeons of that city and of Edinburgh, several of whom were anxious to undertake the cure by an operation. There has been no marked change for many years, and the patient did not present himself for advice, but being seen accidentally, the cast was obtained with the above history. He is not aware of any inconvenience, but of course he is exposed to a fatal hemorrhage if any accidental rupture of the sac should take place. He declined all surgical interference, fully understanding the nature of his case and his consequent liabilities. A member having asked the kind of operation which Dr. P. would prefer in this case, he stated that he inclines to the ligature of the common carotid, rather than to that of the external carotid above and

below the opening into the vein, in consequence of the change which must necessarily have taken place in the parts after the lapse of so many years since the injury; and, moreover, if it should be found necessary to perform any second operation, the previous ligature of the carotid would then be found to have been of much assistance.

December 27.—Sequestrum from the Fourth Metacarpal Bone.—The specimen was shown and the case related by Dr. CABOT. J. K., a German hatter, thirty-two years of age, had always been healthy; no other reason for the manifestation of the disease of the bone is apparent than the use of an iron, weighing from ten to fifteen pounds, heated to a high degree: the hand had never received a blow or any sort of injury from external violence: the latter part of last March, the patient first felt a pain in the articulation of the fourth finger and metacarpal bone, and which continued for the most of two days, it then passed off and was not noticed again for ten days, when it returned and gradually grew worse for the space of a month, when a swelling was observed between the fourth and fifth metacarpal bones, but most marked near the fourth—about three-quarters of an inch below the head of the bone. About a week after the appearance of the above swelling, the patient noticed that striking the end of the finger, or a lateral motion of the bone on the metacarpal joint, caused much pain: cold water, with a bandage, and a douche of the same was used; also, certain liniments, &c., until last October; the swelled portion of the hand was then opened upon the outside, and concrete and fluid pus, in large quantity, was discharged, and this discharge has continued ever since, through a fistulous opening. Dr. C. saw the patient first on the 21st of December; a slender probe, passed into the fistulous opening, detected a denuded portion of bone, very small; and in the middle of it, the probe, on making firm pressure, passed through a hole into a cavity within which more rough bone could be felt.

With the idea that possibly the dead portion was but small, and that it might be removed by enlarging the already existing orifice, Dr. C. did this, by means of a dentist's drill introduced into and carried along the fistulous opening; the large sequestrum exhibited to the Society was thus detected, and being found movable, the operator cut down upon the bone directly, and removing a portion of the upper wall thereof, easily extracted the sequestrum, composed of the cancellated structure of the bone, and including nearly the whole of it.

A Mass of Crude Tubercle ejected from the Mouth.—Dr. CHARLES E. WARE reported the case.—A girl, five years old, of strong hereditary tendency to tubercle, had asthma for the first time last winter. Under the use of cod-liver oil it was somewhat mitigated, but continued more or less, without much impairing the health, till warm weather. It then entirely disappeared, and the child continued well through the summer. But with the return of the cold weather of autumn, the asthmatic breathing again commenced. The general health, however, continuing good, without loss of spirits, appetite, or flesh, nothing was done until about the first of December, when a severe cold aggravated all the symptoms, and Dr. WARE was called to see the child. It was then, although up and dressed, breathing with much difficulty, with loud sonorous râles, which could be heard immediately on entering the room, like a person labouring under a paroxysm of asthma. Over the whole of both sides of the chest could be heard loud mucous and sonorous râles without other evidence of special local disease. The constitutional symptoms were trivial.

and the cough not urgent. Under the use of Dover's powder and mild expectorants, the symptoms were mitigating, when, about the fourth or fifth night, the child suddenly awoke in a violent paroxysm of coughing, so persistent and suffocating, that it appeared as if it must die in it. It continued, it was supposed, about half an hour. The father, who was a medical man, said, that during the paroxysm of dyspnoea, he distinctly heard some foreign body pass repeatedly up and down the trachea, producing the greatest suffocation when it was near the larynx. This state of things was suddenly relieved by the expulsion from the mouth of the mass of tubercle which was exhibited. The body was of an oval form, half an inch in length by one-quarter in width; homogeneous, and presenting to the eye, and under the microscope, the appearance of crude tubercle. The next morning the child remained in about the same condition that it had been in the evening before, and continued to convalesce as it had done before, the condition of things in no way altered by this episode. Although the child was very carefully examined before and after the attack with reference to tubercular disease, yet there was not a physical sign which indicated the presence or the discharge of such a mass as was exhibited. The physical signs were only such as mild bronchitis in an emphysematous person would occasion. Dr. WARE thought it very difficult to explain where, in the lungs, the air-passages, or their neighbourhood, such a body could be deposited, or from whence it could escape, without presenting more decided symptoms than were discovered in this case.

Abnormal Secretion from the Breast.—Dr. STORER reported the case. A woman, who had been confined five years previously, consulted him a short time since about a peculiar secretion from one of the mammæ. There had been a constant secretion of fluid from the breast since her confinement; and for several months it had assumed the peculiar appearance now presented, resembling the inky secretion of the sepia. Her system appeared feeble, and there was some slight tenderness in her breast upon pressure.

Delivery facilitated by Decapitation of the Fetus.—Case reported by Dr. GRAY. A patient, somewhat over thirty years of age, was taken in labour with her first child in the early part of November, 1852. At the end of thirty-six hours, the left hand and arm were found protruding externally, and the head, which was in the hollow of the sacrum, was forcibly pressed against the sternum. Under these circumstances, turning being out of the question, evisceration was at once resorted to. The presenting arm, nearly filling the vulva, was removed at the shoulder; a cord wound around the finger, and thus passed completely over the neck, served to bring the child sufficiently low to render evisceration of the thorax comparatively easy. This operation being finished, together with the removal of several bones, the child, even though propelled by violent pains, made but little progress; and, after assiduous efforts for a period of two hours, decapitation was decided on. The neck being drawn fully into view by the cord, was readily divided by a scalpel. The body, by means of the remaining hand, was easily withdrawn, and the head as readily followed from the vagina—the operator's fingers being introduced, without difficulty, to bring it away. The head was of the usual size, and the child was a large one.

Dr. STORER thought this a remarkably favourable result; he alluded to the great difficulty uniformly experienced in removing the separated head; he knew of but two cases besides the one reported by Dr. Gray having occurred in this city; one was attended by Dr. Channing, and, for a long time, efforts at re-

moving the head were unsuccessful. Dr. C. removed it on the succeeding day. In his own recently reported case, Dr. S. had stated that he used great exertion for half an hour after the attending physicians were exhausted, and only continued his efforts from a desire to free them from any odium likely to follow, were the head left in the uterus: he had then succeeded.

Pneumonia; rapid Progress of the Disease.—Dr. ALLEY related the case. The patient, a female, 7 years old, of feeble constitution, was taken, the day previous to his first visit, with a cold, followed by feverishness. A dose of castor-oil was given by the mother, but the child not improving, Dr. A. was sent for, and at 7 o'clock P. M., found her suffering great dyspnoea; her skin hot; pulse frequent; auscultation detected sonorous râles on both sides of the chest, and, on the left side, a strongly-marked souffle. Revulsives were applied to the chest and to the extremities, and a mixture of syrup of Tolu with a small proportion of wine of ipecac. was prescribed—more active treatment appeared not warrantable. Prognosis doubtful. At 11 o'clock P. M., Dr. A. was suddenly summoned, and, on arrival, found that the child had ceased to breathe a few minutes previously. *Post-mortem* examination, the next day, conducted by Dr. CHARLES HOMANS, disclosed extensive inflammation of the bronchial tubes and congestion of the lower lobe of the left lung, with partial congestion of the right lung. The case is interesting on account of its exceedingly rapid progress; the child was at school on the day previous to its decease.

1853. January 10. *Effects of powdered Hemlock Bark applied to a chafed Neck in a Child.*—Dr. GOULD reported the production of erythema, pain, and finally sloughing, from the above application; a poultice was placed upon the sore, and the latter seemed after a time to be nearly healed, when the child suddenly refused to nurse, and soon died. Dr. G. said he did not know any reason for such an effect on the neck, except it were the coarseness of the powdered bark. The actual cause of death may be supposed to be similar to the shock to the system from extensive burns and other large suppurating surfaces.

Sudden Restoration of Power in a Paralyzed Arm, consequent upon a violent Effort of the Will.—Dr. BOWDITCH mentioned the case of a young woman, who had been under his care at the Massachusetts General Hospital. She was a domestic, æt. 19 years, and, in the winter of 1851-2, fell upon the ice, while carrying a basket of clothes; was confined two months with the injury, while nothing was perceptible except a slight partial dislocation of sterno-clavicular articulation of the right side. There was for months, however, constant pain in right side of trunk, and total paralysis of motion of right arm. Sensibility also much lessened; could bear without flinching the hardest pinch. Various remedies had been applied since her entrance at the Hospital, Sept. 8, 1852, with gradual relief to the side—the paralysis of the arm remaining the same. Finally, electricity was tried for several months, with occasional omissions.

January 4. The report was paralysis of arm, as before.

5th. More sensitiveness to electricity than at any previous period. The application was reduced in strength. The same evening, at supper, the patient having perceived no difference in the limbs, made a sudden, violent effort to raise the palsied limb, in order to save a cup that was falling from the left hand, and immediately the power was restored. The next day the report was, "can move fingers and arm equally well with the corresponding parts of

left upper extremity; can grasp, but less firmly than with the left. Sensation (by comparison) equal in both arms; quite sensitive to a pinch."

Since that hour the patient has continued improving, and has daily sewed, using her right hand in the operation.

Cataract from Traumatic Injury. Extraction.—Dr. WILLIAMS reported the case of a man, who, while splitting wood, received a blow on the eye from a flying fragment, which dislocated the lens into the anterior chamber. He was not seen by Dr. W. till about a fortnight after, at which time the lens had become opaque. The destruction of the globe was threatened, from the inflammation caused by the presence of so large a mass in the anterior chamber. To avoid this, Dr. Williams extracted the lens through a section of the lower half of the cornea. The patient persisted in leaving the city before the wound of the cornea had entirely cicatrized; but he returned yesterday, and the union was found to have been accomplished without accident, though the cicatrix is somewhat wider than usual. There is still considerable injection of the tunics of the eyeball, and on account of this the patient cannot as yet distinguish objects, though the pupil appears clear.

January 24.—Scrofulous Disease of Testicle.—Dr. WILLIAMS exhibited the specimen, removed by him five days since, from a patient æt. about 35—a widower. The organs appeared perfectly healthy, till, in dressing skins, he received a slight blow upon the testes. Slow inflammation appeared to be induced in consequence; and, after a short time, a fistulous opening formed in the skin, on the left side. The left testicle was greatly enlarged and indurated. The right testis was also enlarged, but to a less extent. A constant discharge of scrofulous pus was furnished by the fistulous opening.

When cut open, after its removal, the organ seemed converted into a mass of tubercular substance, in which the process of softening had not commenced. The deposit seemed to have taken place into the seminiferous tubes, the form of which could be distinctly seen. On examination, Dr. Durkee found some of the dark granules met with in the seminiferous tubes, but no spermatozoa. Though the form of the tubes was preserved by the adventitious deposit, their structure seemed to have disappeared.

July 1, 1844.—Pediculi from the Roots of the Eyelashes. Cases reported by Dr. HOOPER.—Thomas Mahan, an Irish boy, ten years of age, came to the Infirmary, having been troubled for some time with an intense itching at the edges of eyelids. On examination, the cilia were found occupied by numerous ova, and at their roots, firmly attached to the edge of lids, numerous parasitic animals resembling the pediculi pubis; two or three specimens were detached by means of a flat probe, but were unfortunately lost before a proper examination could be made of them.

Dr. H. directed an application of the nitrate of mercury ointment to be made to the lids, but the boy never made his appearance again, and it was impossible to learn the result of the case. The mother was quite indignant at the disease being attributed to want of cleanliness.

October 30, 1844.—J. F., æt. two years, a little girl, neat and clean in her person, came to the Infirmary with her parents, who are persons in good circumstances, for an affection at the edges of lids. She had been troubled only a few days; and, on superficial examination, the disease looked like the little scabs of tinea ciliaris. The parents had, however, detected the disease.

There were no ova, as in the preceding case, but pediculi firmly attached to the edges of the lids. Dr. H. removed one with some difficulty as a specimen, and directed the application of unguent. hydrargyri, and took the precaution to retain the future history of the case. The disease was attributed to communication with domestics in the family, who were fond of the child, and had her in their society a good deal.

The father informed Dr. H., next day, that the application immediately destroyed the vermin, and they fell from the edges of the lids.

January 4, 1852.—An Irish woman came to the Infirmary with an affection (inflammation) of the cornea of left eye. Observing some peculiar appearances at the edge of the upper lid, which looked like the dried-secretion of the sebaceous follicles, Dr. H. remarked to the students that they resembled pediculi, and attempted to remove one; but not succeeding, in the hurry of the moment, he did not assure himself of the fact. On the 6th, the woman came again, and, assisted by a stronger light, Dr. H. detected the nature of the disease on the lid, and that it was due to the presence of pediculi thickly covering its whole edge; they were detached (a half dozen specimens) with great difficulty, so tenacious were they of their grasp. How much they had to do with the affection of the cornea, it is, at present, impossible to say.

Dr. DURKEE remarked that these pediculi appear to have a preference for those regions that are most richly endowed with the sebaceous glands and their related hair follicles. The sebaceous fluid is, probably, the favourite food of these parasites; and they can fix themselves firmly at the mouth of the sebaceous hair-follicle close to the shaft of hair, or on the hair itself, and thus take in the secretion as it flows out upon the surface. The eyelids are very plentifully supplied with the sebaceous apparatus, even in young subjects; and, in the case of the two children, related by Dr. Hooper, the insects could find a more abundant supply of nutriment from the tarsal glands than from the pubic region. In the adult subject, the desired accommodations for their sustenance and for depositing their ova are probably greater in the pubic region than elsewhere.

Dr. D. stated that he had examined, with the microscope, several living specimens of the pediculus pubis and of the pediculus ciliae which Dr. Hooper had furnished him for that purpose, and they all appeared to be alike in their anatomical structure. They have numerous hairs, or spines, varying in length and projecting at different points from the antennæ, the body, and legs. These hairs, together with the sharp claws at the extremities of their long legs, to say nothing of their jaw teeth, give the animal great power to retain his hold wherever he may choose to establish himself—and explain the reason of the intense pruritus which these marauders produce, whether they remain steadfast in one place, or are engaged "in marches and countermarches" upon their chosen play-ground. The specimens from the eyelids are of a lighter colour than the others.

Dr. HOOPER said that he had never, himself, seen any other cases of this disease. Lawrence says he never saw but two, and quotes from Demours, that neither he nor his father ever had seen lice on the cilia. Scarpa says he had seen only one instance, but observes that cases of the same sort are mentioned by Guillemeau (*Treatise on Diseases of the Eyes*), and in *Corvisart's Journal*, August, 1812.

All seem to agree in thinking this insect the same with that of the pubis, which is thus described by Guerard. Its body is large and round, the corslet short, nearly confounded with the abdomen, its four hind feet very strong. They are oviparous, the eggs hatch in six days, and in eighteen days they

have the power of reproducing. According to Cazenave, this insect has been called the *pediculus ferox*, from the intense itching it excites. Velpeau says the edges of the lids are sometimes invaded by the *pediculus pubis*, and relates a case communicated to him by Mr. Champion, in which a young peasant-girl suffered horribly from the presence of an immense number of these insects on the edges of the lids.

Good says this insect chiefly attacks the groins and eyebrows, and may be distinguished by the crab-like, cheliform structure of its legs; its antennæ consist of five articulations.

24th. Ovum Blighted and Retained.—Dr. JACKSON showed the specimen which he had received from Dr. HARTNETT, with the following account of the case: The patient was a married woman, had had other children, and considered herself as at the ninth month of pregnancy when the mass came away. She had had the usual symptoms of pregnancy, but had never had the occasional hemorrhages that Dr. J. remarked upon as characteristic of the cases that he had observed here. The abdomen was about as large as at the seventh month of pregnancy, and remained quite large after the ovum came away; apparently from tympanites.

The ovum would, probably, have been two and a half or three inches in diameter when entire, and presents the appearance usual in such cases; the whitish, dead, opaque, lymph appearance externally; the traces of shaggy chorion upon the torn surface, and the distinct amniotic cavity; the fœtus and cord, of which there may or may not be some remains in these cases, were not to be seen; and there was no appearance to show that they had existed previously to the delivery. Dr. J. remarked upon the frequency of these cases, and the little notice that seems to be taken of them by writers on midwifery.

Ergot administered as preventative of Flowing after Parturition.—Dr. JACKSON had employed the infusion of the *secale cornutum*, effectively, for the above purpose, in the case of a female predisposed to flowing immediately after delivery. Drs. Perry and Storer had thus employed the ergot.

Dr. STORER said he usually steeps ʒi of the drug; when the head of the child comes down, he gives, in such cases, one-half the amount; on the passage of the head, in one instance which he cited, *there was profuse flowing*; in from ten to fifteen minutes, the ergot produced its effect; the bleeding ceased.

Dr. JACKSON had seen effects produced by five grains of the ergot.

Dr. BIGELOW, Sen., spoke in favour of the exhibition of ergot, with the above intention; he had seen it of great service; ergot, however, is often given unnecessarily or prematurely.

Imperfect Fracture of the Body of the Twelfth Dorsal Vertebra.—Case communicated to the Society by Dr. WILLIAM D. LAMB, of Lawrence, and the specimen exhibited. The patient was a large muscular man, seventy years of age. On the 6th inst., at 1 P. M., he was in a railway car, that was thrown from the track and completely demolished; after which he was found lying upon his back, across a large stone. Having been conveyed home, from which he was several miles distant, he was seen by Dr. L. about 4 P. M., and found to be severely bruised in different parts of the body, besides having several deep wounds of the scalp. The extremities being cold, and the pulse rather small, he took a little wine, having already

taken a little brandy and water; after which he was able, with moderate assistance from two persons, to walk up one flight of stairs, across two rooms, and assist himself, somewhat, into bed. On the 7th and 8th he was quite comfortable; and once, at least, on the morning of the 8th, stood up with some assistance, and took two or three steps forwards, but was unable to use much exertion; respiration easy, though mostly diaphragmatic, this last being explained by a fracture of the seventh rib upon the left side, near its angle.

On the morning of the 9th inst., there was entire loss of the power of motion in the lower extremities, of which there had been previously observed no indication whatever. Upper extremities never affected. Having had no discharge since the day before the accident, he had taken rhubarb on the evening of the 8th, and this having had no effect, two enemata were administered; but they were at once returned, and he was further found to have lost all expulsive power. Tongue dry, and with a rough brown coat; and so remained until death. Pulse 78, and rather small. At half past one P. M. there was loss of sensibility of the lower extremities, and as high as the ensiform cartilage. Respiration diaphragmatic, but aided by the muscles of the neck. Had passed no urine since the preceding evening; there was drawn, by the catheter, one pint and a half, having an ammoniacal odour. Pulse almost imperceptible at the wrist. On the 10th, loss of sensibility to the fourth intercostal space, and no movement of the intercostal muscles below this; action of the diaphragm and cervical muscles very powerful. Half a pint of ammoniacal urine by the catheter; the secretion of nineteen hours. In the evening, one slight and involuntary discharge, having taken during the previous twenty-four hours four drops of Croton oil, in half-drop doses; some peristaltic motion of the bowels audible. Slept quietly until midnight, when the respiration was found to be more laboured; there being no movement below the third intercostal space. At 4 A. M. the pulse became irregular and more frequent. Mind clear, as it had been from the time of the accident, until half an hour before his death, which occurred on the 11th inst., at half-past ten A. M.

Six hours after death the body was examined; the spinal column being removed from the last cervical to the second lumbar vertebra. The twelfth dorsal vertebra was found broken through transversely, from before backwards, and very close to the intervertebral substance that connects it with the eleventh dorsal. On the left side the fracture extends to about the attachment for the last rib. From about the median line, and around towards the right side, nearly or quite to the processes, the intervertebral substance is broken through continuously with the fracture, but the bone is entire; and so also is the fibrous membrane that connects the edges of the bodies of the vertebrae entire to some extent from the processes forwards, though the intervertebral substance beneath is lacerated. Separation of the fracture anteriorly about two lines; the motion between the parts being considerable when the bodies had been sawed away from the rest of the vertebrae. Some blood effused into the neighbouring muscles. Spinal canal examined from the eleventh dorsal vertebra to the second lumbar, inclusive; between the theca and spine there was found an effusion of blood, less than the third of a teaspoonful, but none within the theca; between the arachnoid and pia mater, apparently, a considerable effusion of serum; spinal marrow not cut open, being evidently uninjured, though the vessels of the pia mater were congested. Thorax and abdomen not examined.

Dr. Jackson, who showed the specimen, remarked that although there was no appearance of injury of the spine above the part that was sawed open, yet

it is to be regretted that circumstances did not allow of a more full examination, as it will be remembered that the paralysis extended far above the seat of the fracture; and it may be also remarked that, though there was no complaint of pain in this last region, and no pain on pressure over the spinous processes, there was considerable pain between the shoulders from the time of the accident; his chief complaint was of his shoulder, which, by a singular coincidence, had been dislocated the day before the fatal accident. It may be questioned, indeed, whether the fracture of the twelfth dorsal vertebra was the cause of the paralysis. There could have been no displacement, the effusion within the canal was slight, and there seems to be, so far as is shown by the specimen, no physical explanation of the paralysis; concussion of the spinal marrow, it is true, is to be considered. If, however, the fracture and other injuries about the twelfth dorsal vertebra did cause the paralysis, it will be borne in mind that this last did not occur until between two and three days after the accident; and that, moreover, it proved fatal in an exceedingly short space of time. Whatever may be the explanation therefore of the case, it is one of remarkable interest, and it is a very rare form of fracture, if it has ever been before described.

Fibrous Tumours of the Uterus.—Dr. PUTNAM, who attended this patient, reported that she was forty-six years of age, had been a widow for twelve years, and had had one child seventeen years ago, the labour being severe. Menstruation habitually profuse for years, though the periods were not too frequent; and there was not much pain. No other pelvic symptoms. Death from acute and very rapidly fatal oedema of the lungs.

Several years ago, Dr. P. had been consulted by a sister of this woman, whom he found affected also with fibrous tumour of the womb; and in some other cases he had known different members of the same family to be affected with this disease.

The uterus, which was exhibited, weighed three pounds, and was perfectly buried in fibrous tumours, varying in size generally from about one to three inches. One of the largest was in the cervix; and seemed to have been originally formed in this unusual situation. Another of the largest hung quite freely into the peritoneal cavity. A third, perhaps two and a half inches in diameter, hung into the cavity of the fundus of the uterus by a small peduncle. The fibrous structure of these tumours was not so strongly marked, and they were less dense than usual; they had not, however, undergone any transformation, but notwithstanding their size and numbers, looked rather fresh and recent. Uterine cavity much elongated, and contained a quantity of bloody mucus; fundus at some points only half an inch in thickness; blood-vessels much enlarged, as usual.

A second specimen of fibrous tumour of the uterus was also exhibited; sent to the Society with a history of the case, by Dr. CHARLES GORDON. In this case there was but a single tumour, and it projected directly into the cavity of the body of the organ; it could not be said, however, to be pedunculated, the attachment being about equal in extent to the diameter of the tumour, which was estimated at nearly two and a half inches. Structure flaccid, and imperfectly fibrous. The investing layer of the uterus where it is projected into the cavity of the organ is quite thin, and at the most prominent part reddish, but not ulcerated. Uterine cavity considerably enlarged; parietes flaccid, and thinner than in the unimpregnated state. Neck not involved. The specimen resembles most strikingly one that has been figured by Dr. BAILLIE, in his *Plates of Morbid Anatomy* (Pl. III. Fig. 2).

The patient was twenty-eight years of age. Married six years; dysmenorrhœa, with delicate health previously. Two years after marriage she conceived; but was not aware of her situation until the fourth month, when she threw off what was called by her physician a "blighted fœtus." From this time there has been hemorrhage, with pain at the catamenial periods; and as these symptoms have been constantly increasing, she has gradually sunk under them. The hemorrhage would last for from ten to twenty days; and during the last two months it has been, as well as the pain, constant. For a time she was quite comfortable during the intervals of the uterine attacks; the appetite was good, she usually resumed her duties, and had no uterine troubles, except a slight leucorrhœa. Finally she became anemic, lost her appetite entirely, had uninterrupted nausea and vomiting, and, after eight or ten hours of coma, died. On examination, per vaginam, the uterus always seemed heavy to the touch, and anteverted to a considerable degree, so that the mouth was drawn forcibly upwards, and directed towards the rectum; to the feel, the mouth was firm and contracted.

Uterine Hydatids, connected with the Membranes of a Four Months' Fœtus.—Dr. JACKSON exhibited the specimen, which he had received from Mr. E. CHENERY, a medical student. It presents the usual appearances, but in addition, a portion of the shaggy chorion, which is quite healthy and free from the cystiform degeneration, a well-marked amniotic cavity, and within it a small portion of the umbilical cord; chorion separable, as usual, from the amnion. The cord, Mr. C. stated, was about eight inches in length; and the fœtus about seven or eight inches, plump in appearance, and altogether about as much developed as at the fourth month. A portion of the cysts only was removed; the whole amount, with the membranes, being estimated by Mr. C. at five pints.

The patient was thirty-eight years of age, and had had eight children; the last, eight months ago, was stillborn. Four months ago she again conceived; nothing unusual, except that she had every day a little bloody-looking discharge from the vagina. One month ago she took a severe cold, had cough, and from that time the discharge ceased. Trouble at the stomach, however, came on, and in another month the abdomen began to swell; this last rapidly increased, the lower extremities afterwards became swollen as towards the close of her former pregnancies, and at the expiration of three weeks, when labour finally came on, she thought herself altogether as much swollen and oppressed as she had usually been at the full period of pregnancy.

On the evening of the 20th inst., after a hard day's work, pains came on; through the night they increased, and the next morning the waters were discharged and the fœtus expelled. Mr. C. was then called, the pains had ceased; there had been profuse hemorrhage, by which the patient was very much exhausted; the abdomen much distended, and there was still some bleeding. The cord was divided; ten grains of ergot, with a little lead and opium were given; and an attempt was made to remove the placenta. After waiting for a time another attempt was made, but without success. A scruple of ergot was then given, and repeated in fifteen minutes; which was soon followed by pains, and a discharge of the hydatid mass, &c.; the uterus then contracted; and the patient has done perfectly well since.

Dr. J. remarked, that in the specimens of hydatids heretofore shown to the Society, there had sometimes been slight traces of the fetal membranes, but nothing more; nothing that would show conclusively, as the present case does, that the mass is only a degenerated or diseased ovum.

February 14.—Poisoning by Aconite.—Case reported by Dr. PUTNAM.—The patient swallowed, by mistake, a teaspoonful of the saturated tincture of aconite, at 7 A. M. Not being fully aware of the danger, she merely took a Seidlitz powder. In fifteen minutes, had retching and burning pain in the stomach. Ipecacuanha was immediately administered, by which she was freely vomited. The skin was at this time cold; pulse 100, feeble, regular; fingers spasmodically extended; convulsions of whole body frequent, but of short duration; mind not particularly affected. Friction, with ammonia, mustard, &c., assiduously employed; copious draughts of arrowroot; occasionally, brandy and water, and spirits of sulphuric ether.

Three hours afterwards she continued to complain of burning pain in the stomach and bowels, but not so severe; pain in throat and thorax, and in lower half of spine; almost incessant retching and spitting; respiration irregular, spasmodic; pulse feeble, 120, intermitting after every second stroke. Had just had one general convulsion, lasting about five minutes, and there were frequent slight spasms of various parts, especially of the fingers. Pupils dilated, but contractile on exposure to strong light. Mind clear. Tinct. opii, gtt. xx; to be repeated occasionally.

Immediately after taking the laudanum she became more comfortable—the spasms and other symptoms less severe. At night, the pulse had become regular, and on the next day she was apparently well.

Ingestion of four grains of Extract of Belladonna and four of Opium, by a child nine years of age, without injury.—Dr. COALE reported the case. The child swallowed two suppositories, each containing two grains of the above-mentioned narcotics. It went to sleep not long after; the mother awoke it, at the end of four hours, with much difficulty, when very free vomiting ensued, producing great exhaustion. The drugs were taken at noon, and at 7 P. M. the child seemed only a little fatigued and sleepy. It had eaten dinner immediately before swallowing the poison, and Dr. C. supposes it possible this may have retarded absorption.

Jaundice terminating in Hemorrhage and Death. Closure of the Cystic Duct.—Dr. GOULD reported the following case: A daughter of N. T. H., aged about three years, became deeply jaundiced in the early part of January, but was readily relieved, in three or four days, by mercurials and warm baths. After an interval of about a week, the fecal discharges became again clay-coloured, and the skin yellow. Similar remedies were used for a few days without success, the yellowness of the skin becoming very intense, and no discharges were obtained from the bowels. Leeches to the epigastrium, baths, mercurials and enemata were continued until, after four days, profuse green discharges suddenly supervened. A few hours afterwards, vomiting of bloody fluid began, which took place every twenty or thirty minutes for about twelve hours, when she died. She had gradually become comatose, and had had convulsions for a day previous to the purging. The duration of the last attack was only eight days. A younger child had also been jaundiced a few weeks previous.

An imperfect autopsy was made. The mucous coat of the stomach was stained, but showed no lesion or congestion. The liver appeared healthy, and there was, at the time, no obstacle to the flow of bile through the ductus communis. The gall-bladder was distended by a clear honey-like fluid, and the cystic duct was found to be permanently closed; on following it down from the gall-bladder, it appeared, at its termination, as if it had never been pervious.

The case was mentioned as an additional example of the occurrence of hemorrhage, from some quarter, in cases of severe jaundice. Closure of the cystic duct, where the gall-bladder is well developed, must be rare.

Dr. Gould also related the following singular facts:—

Fever—power to articulate replaced by inclination to sing.—F. H., aged nine years, was attacked with headache, pains in limbs, loss of strength, &c., about the 17th of January. Visited on the 21st; was then very delirious, and continued raving for the next three days, at which time he fell asleep; awoke calm, and had no recurrence of delirium. He was attended until the end of February, and recovered. The following peculiarity existed, in a day or two after the delirium ceased: He lost the power of articulating words so as to make known his symptoms or his wants, although he seemed to be perfectly conscious, and always promptly made an effort to answer every question. Sometimes he would succeed in spelling a word, when he could not utter the word itself. At the same time, he commenced humming tunes, repeating the same tune an indefinite number of times, and only ceasing when he fell asleep. On awaking, he would at once resume singing, and when asked a question, would suspend it long enough to attempt an answer. This continued for two weeks, night and day, when the singing ceased, in the space of a couple of days, and the power of articulation returned in the same proportion. The pulse, during this time, seldom rose to 60. He had appeared, during the whole time, to be quite rational; but on recovery was wholly unconscious of the suspension of the power of speech, and was greatly amused at the account given of his musical performances, of which he had no recollection whatever.

Purpura Hemorrhagica occurring in the last stage of Phthisis.—Reported by Dr. E. W. BLAKE.—Sarah S., æt. 15 years, had been delicate from childhood, pale, and leucophlegmatic in appearance, subject to frequent and severe attacks of epistaxis, rendering the administration of iron and a general tonic treatment advisable; had never menstruated, but subject, for the last eighteen months, to leucorrhœa, the discharge being increased at the proper menstrual periods. The epistaxis, too, had latterly assumed a periodic form, occurring with considerable regularity every four weeks. In July last, symptoms of phthisis appeared; which disease was soon developed, and pursued a rapid course. At this time, though of unusual stature for one of her years, and emaciation scarcely commenced, she weighed but sixty-three pounds. As a fact of some interest, it may be mentioned that at no time during her illness was there the slightest bloody tinge in her *sputa*, nor did she complain of pain, soreness of the chest, or any uncomfortable feeling. Until the latter part of January following, she was about the house, when increasing debility (diarrhœa had taken the place of night-sweats), compelled her to keep her room, and, for the most part, her bed. Epistaxis was now a daily occurrence, thus adding to her weakness. Saturday, February 5, was observed unusual and remarkable pallor of the mucous surfaces of the lips, tongue, and fauces. The day following, Dr. B. was summoned in haste, her friends being alarmed by the discovery of "black spots upon her breast." On examination, were found, scattered over the thighs, sternum, and breast, purpuric spots, irregular in form, and varying, in size and appearance, from red petechiæ to yellowish and livid ecchymoses; these had doubtless existed for some time before being noticed. Lips, tongue, &c., now presented a still more blanched appearance. On Tuesday, successive patches coming out in the mean while, there occurred hemorrhage from the bowels, after which she sank rapidly, dying early Wednesday morning.

Encephaloid Disease of left Testis.—Dr. G. H. GAY presented the specimen, which was taken from a person thirty years old, a painter by profession. The following is Dr. G.'s account of the case: The patient states that, up to the time of the operation, Feb. 7, 1853, he had always enjoyed good health, and that his attention was first directed to the affection two years ago, by accidentally feeling that his left testicle was somewhat larger than the other. But as there was no pain accompanying it, no soreness, nor any inconvenience, he took no particular notice of it. It steadily but slowly increased in size, till within six months; since which time a more rapid enlargement followed, without any known especial cause.

There never has been any pain, except after "taking cold," when everything seemed to centre there, causing a temporary increase of the swelling of the testis and of the whole left side of scrotum; and at those times it was less a pain than a heavy, dragging ache, from the size, weight, and inconvenience of the enlarged organ. In appearance, it was less pyriform than a hydrocele, more cylindrical, four inches in length, and two and a half in thickness and width; smooth, and without irregularities; of a soft, elastic, yielding feel, very much like that of fluctuation. In swellings of this consistency, it is exceedingly difficult to distinguish a soft, yielding solid, elastic like an India-rubber ball, from the fluctuating feel of a liquid. Deep, continued pressure would produce slight pain. Spermatic cord healthy. No enlargement of inguinal or pelvic glands.

Removed in the usual way. A section of the diseased mass showed clearly its cancerous and malignant nature. Towards the centre there was a portion, softened almost to a fluid state, and of a brownish colour. There were other portions, nearly round, the size of a cherry, of a dingy yellow shade, which had not reached the degree of softening mentioned above. At first sight, they looked somewhat like tubercle. The rest exhibited an encephaloid look, of a soft, elastic feel, similar to that of fat, though firmer. None of the healthy tissue of the testis could be found.

The microscope gave cancer-cells, particularly in the roundish masses.

Concentric Hypertrophy of the Left Ventricle of the Heart.—Dr. BOWDITCH was called to see the patient on the 1st of last October. She was a married woman, æt. 69, stout and nervous, sitting up, and apparently not very ill. Had had three attacks of rheumatism during the previous five years. Since the last attack she had been liable to singular "turns," very indefinitely described; coming on suddenly night or day; often after any exertion, but not necessarily so. They consisted of a sense of distress at the epigastrium, with dyspnoea and a "queer" appearance (as the attendants said) about the face. Never any loss of consciousness, and no very obvious palpitation felt by the patient. Attacks relieved sometimes by vomiting, and sometimes by a discharge from the bowels. They usually lasted only a few minutes. No hæmatemesis or vomiting of offensive matter. No dyspeptic symptoms. Bowels not very irregular, but were costive once or twice a week. She had had two "turns," more severe than usual, the day before Dr. B. saw her. At his visit, she was free from difficulty; pulse 94, strong, regular. On auscultation, no abnormal impulse nor dulness on percussion over heart; slight bellows murmur over ventricle; respiration less in the left lung than the right, but not morbid. Quite sensitive to pressure and percussion over epigastrium.

On a subsequent day, Dr. B. saw her again, and was satisfied that there was some obscure organic cardiac disease. Patient had gone the rounds of the faculty without benefit; had called in vain on homœopathy, hydropathy, and had experienced a little relief from electricity.

Dr. B. advised attention to the common rules of health, to keep the digestive functions well, and a tranquil state of mind, but to avoid all drugging.

From that time he ceased his attendance, but was suddenly called on the evening of February 8, 1853, and found her in the greatest distress, with orthopnoea. She pointed to the epigastrium as the seat of violent difficulty of breathing, and asked for air. The body was thrown forward. No pain anywhere. Slight but frequent cough, with raising of some serous fluid, once tinged with blood. Hands cold and sub-livid. Countenance very anxious. Pulse regular, not very rapid, but small. Mind perfect. On auscultation, nothing peculiar about heart except obscurity of sound. Fine crepitation in lower third of both backs.

Brandy, paregoric, and Clutton's spirits were given; mustard foot-baths and sinapisms to the chest were directed; but the symptoms grew rapidly worse, and she died in less than half an hour.

It appears that four days previous to this fatal attack, the patient consulted a noted quack in this city, who gave her a powerful purgative, by which the powers of life were greatly prostrated. She recovered, however, in some degree, and a few hours before her death said she felt better than for a long time previously.

On dissection, the heart was of the usual size externally, but the left ventricle felt thick. Parietes of this last, on the day after the examination (the specimen meanwhile having been wrapped in a dryish cloth), measured eight lines in thickness towards the upper part, and still more lower down. Cavity of the ventricle decidedly small, in proportion to the size of the organ externally. Right ventricle slightly hypertrophied. Mitral valve opaque, thickened, and contracted, so as to just admit the ends of two fingers. Aortal valves slightly diseased, but would have acted perfectly well. Auricles healthy. To account for the death, there was found oedema of the lungs.

The specimen was shown by Dr. Jackson, who made the dissection, and has no doubt of the fact of concentric hypertrophy in the present case, though he does not remember ever to have seen a case of it before.

February 28.—Malignant Disease of Eyeball and Tissues of the Orbit. Extirpation. Death from Hemorrhage during the Operation. Reported by Dr. WILLIAMS.—Mrs. —, aged 55, was first seen by Dr. W., in consultation, on the 16th of February. She stated that, after having attended church, on the 31st of January, she experienced slightly uncomfortable sensations in both eyes, which had previously been perfectly healthy. She supposed she had taken cold. The next morning the pain returned with increased severity, and was accompanied with nausea. There was an increased flow of tears, and the eyes began to be injected. After applications of leeches to the temples the pain diminished, and the right eye recovered its normal appearance and functions.

Mild fomentations, with a restricted diet, diminished the suffering caused by the state of the left eye; but did not prevent frequent paroxysms of pain, nor allow her to enjoy uninterrupted sleep. At the time she was first seen by Dr. W., the eyeball seemed distended, the conjunctiva and cellular tissue beneath it were in a state of phlegmonous inflammation, and the lids were greatly swollen and infiltrated. The appearances, taken in connection with the history of the case, were thought to indicate phlegmonous inflammation of the eyeball rather than malignant disease. Fomentations and poultices were continued, in the expectation that relief would soon be afforded by a discharge of pus.

She was again seen a week later. No discharge had taken place, but the aspect of the symptoms had entirely changed. Instead of a globular form the tumor offered an irregular surface. The lids were perhaps less tense, but they were pushed widely apart by the pressure of the mass behind them. The situation of the cornea was occupied by a dark projecting mass having a fetid odor. Part of this was removed for examination with the microscope. It was found to consist principally of blood-corpuscles, with some fibrous tissue and pus-globules; but no cancer-cells could be detected. Notwithstanding this negative evidence, the disease was regarded as malignant, and its extirpation proposed as the only resource. The short time which had elapsed since the invasion of the disease, afforded some reason to hope that it might not yet have contaminated other tissues than that originally implicated. Finding an obvious increase of the eyeball from day to day, the patient consented to an operation on the 27th of February, precisely four weeks from the appearance of the earliest symptoms.

She sat up during the forenoon, and at the time of the operation seemed in good spirits, though somewhat debilitated by want of rest, a low diet, and repeated accessions of pain. Her pulse was rather feeble. She inhaled sulphuric ether without resistance or objection, but a considerable quantity was required to produce an effect. From seven to eight ounces in all was used.

On making the usual incision at the outer canthus to allow the lids to be more widely separated, a jet of blood followed a slight wound of the diseased mass. An attempt was made to place a ligature around the vessel, but the ligatures tore away as if applied around the walls of a sinus in the medullary tissue rather than upon the coats of an artery. Failing thus to arrest the hemorrhage, the bulk of the tumour was quickly removed. It seemed to comprise all the tissues of the orbit, including even the periosteum.

Small portions of the mass still remained attached to the floor of the cavity.

While efforts were made to tie the vessels which still furnished blood, the patient began to sink; and, notwithstanding the administration of alcohol and ammonia, and a resort to artificial respiration, she expired within ten or fifteen minutes from the removal of the tumour.

The inhalation of the ether was not kept up during the operation, and near its termination she gave such indications of sensibility as to lead one of the physicians present to suggest that she would probably require an additional amount.

The highest estimate of the hemorrhage, by any of the gentlemen present, was that it might have amounted to a pint; but it was, probably, considerably less than this amount. Under other circumstances this could not have produced serious consequences; but coming from the neighbourhood of the sensorium, in an individual already debilitated by disease and suffering, it appears to have produced a far greater impression.

No *post-mortem* examination of the body was made. The tumour was examined by Drs. Shaw and Hodges. They were unable to detect any vessels which could have furnished the hemorrhage they had witnessed at the time of the operation; but one peculiarity of the tumour consisted in a universal diffusion, in every tissue, of a large quantity of blood-globules. The muscles of the eyeball were much hypertrophied, had assumed a fatty degeneration, and contained cancer-cells. These were also found in the cellular and fatty tissues. In the sclerotica, which in some parts was greatly thickened, and seemed to have undergone malignant transformation, cancer-cells were most numerous. The globe was filled with a clot of blood, containing no cancer-cells. No traces of the humors could be found. The cornea was burst, and

the putrefying effusion projected through it. It could be recognized, as could also the iris, from its anatomical position, but no traces of its fibrous structure or epithelial covering could be discovered by the microscope. No cancer-cells were found in these nor in any of the internal tissues of the globe.

The portion of the tumour examined before the operation, was probably part of the cornea and some of the effusion behind it. This explains the fact that no evidences of malignant disease were then discovered.

In the earliest stages of the case it is probable the appearance of the pupil, and the general aspect of the symptoms might have afforded indications that the disease was malignant, and not simply ophthalmitis. But the evidence thus obtained is no longer met with at a more advanced period.

Cancerous Disease over the Head of the Tibia.—Dr. S. D. TOWNSEND reported the case. The disease appeared about five months ago, just below the head of the bone; a tumour of encephaloid nature, as large as a good-sized orange, existed in this situation. Dr. T. showed the corroded bone; the cancellated structure healthy. The patient was a female, 18 years of age; the leg was amputated above the knee.

Encephaloid Testicle left to itself.—Dr. J. B. S. JACKSON reported the case, and showed the specimens. The patient was a healthy farmer, 48 years of age, and the disease had existed for a year. In May, when first seen by his physician, Dr. Whittemore, of Brighton, the organ was considerably enlarged and hard; and from that time it had been increasing until, at the time of death, it formed a tumour nearly as large as the head; ulceration commenced upon the surface in July, and became, at last, deep and extensive. Discharge never was copious; some hemorrhage the last few weeks. From the first, there was never any pain in the tumour, though soreness was complained of.

On dissection, the gross and the microscopic appearances of cancer were well marked. One of the most striking peculiarities was an abundant infiltration, throughout the mass, of a thick, puriform liquid; a form of the disease which Dr. J. does not remember to have seen described, but which he once met with in the mesentery and omentum, without any appearance of the usual solid deposit of carcinoma. There was also a considerable amount of the yellow, opaque, tuberculoid formation, so common in encephaloid; no effusion of blood; lymphatic glands, within the pelvis and along the side of the spine, enlarged, white, and pulpy. The glands, also, in the opposite groin, formed a defined tumour of the size of a hen's egg; yet the testicle of that side was perfectly healthy, though perfectly buried in the side of the main tumour, as was also the penis. Femoral vein, upon the diseased side, intimately connected with the under surface of the tumour, and to the extent of several inches filled with a white, encephaloid substance, of a thick, pasty consistence. No trace of cancerous disease was found in any of the organs of the thorax or abdomen. In one of the lungs, however, three or four masses of well characterized, and apparently recent and active tubercular disease were found; they were from one to two and a half inches in diameter, and consisted of defined groups of gray granulations with a few small abscesses; otherwise, these organs were healthy.

Dr. J. remarked that he had never but once before seen active tubercular disease in a cancerous subject.

Altersation of Lubricin: a Further Description of the Serous Membranes in the Pericæ.—Dr. JACKSON showed a fine specimen of this affection. The coloration of the cerebral arachnoid was strongly marked, though not ap-

parent in the spinal. The peritoneal and two pleural surfaces were coloured to a considerable extent, and deeply so, though in other parts not at all; the parietal membrane being particularly affected, though the convexity of the liver was also, as it generally seems to be.

Dr. J. also laid upon the table Lobstein's paper upon the subject, illustrated by several coloured drawings (*Répertoire Gén. d'Anat. et de Phys., &c.*, 1826), and remarked that he had met with no other original cases of this affection, though he had several times seen the appearance himself. The colour he has found to be confined to the serous surfaces. L. makes an exception in regard to the brain and spinal marrow; but Dr. J. had not observed this. The pericardium he has usually found coloured, though it was not in the above case; in one, he was led to examine the fœtus from finding the cord discoloured. The fœtuses have been from about three and a half to five months old, and had the flattened, blighted, macerated look so often seen. In Lobstein's cases, the age was about five months; but this last point he does not notice. Dr. J., however, was inclined to attach much importance to it, as, so far as he has observed, it has been a universal fact.

The microscopic appearances in the above case had been examined by Dr. C. Ellis, who found the "colouring matter composed of yellow granular masses, of various sizes, with borders more or less irregular. The same matter also existed in the form of short linear bodies, and of others, stellate or ramiform. No distinct cells." A drawing of these appearances was shown, and presented to the Society.

Posture of the Patient in Paracentesis Abdominis.—Dr. STORER said he had lately noticed that the recumbent posture, in performing the above operation, is advocated by Professor Simpson, of Edinburgh, as a new suggestion; and that the last number of the *London Lancet* contains a minute description of a case, by Dr. Tanner, in which he dwells upon the advantages of the horizontal position over the upright. Dr. S. was surprised to meet with these remarks, inasmuch as Dr. Cabot, of this city, performed the operation of paracentesis abdominis upon one of his patients, while in the recumbent posture, *ten years since*.

Dr. S. also spoke of the use of a tube of silver being noticed in the same journal, as having been used by Mr. Robertson, of Manchester, England, for introduction into the child's mouth before birth. This, referred to as new, was long since suggested by Dr. Jacob Bigelow, and he has received the credit thereof from Dr. Churchill in his work on midwifery.

Dr. HENRY J. BIGELOW remarked that the recumbent position, in tapping the abdomen, is invariably adopted at the Massachusetts General Hospital. Its advantages are evident: There is less chance that the patient faint, and, of course, no necessity for removing the person after the operation.

Ingestion of one-half an ounce of Laudanum.—Dr. C. E. WARE reported the case of a man who had taken half an ounce of laudanum. The subject was a strong man, who had swallowed it about two hours previous to Dr. W.'s seeing him. While waiting for an emetic, he tried Dr. Buck's method of evacuating the stomach. He administered about two ounces of vinegar, and followed it immediately with a strong solution of soda. The result was a violent explosion of gas through the œsophagus; but no other discharge of the contents of the stomach. A free evacuation, however, was soon obtained by emetics of the sulphate of zinc, and the effects of the opium passed off. A mild attack of pneumonia ensued; but the patient eventually convalesced well.

March 14.—Taenia expelled by Kousoo.—Reported by Dr. STORER.—In July last, Dr. S. was consulted by a lady, 40 years of age, respecting a diarrhoea accompanied by severe pain, which had troubled her for several weeks. This condition of the bowels annoyed her until early in October; it was then checked for about four weeks.

The former part of November, she began to have three or four very large discharges daily, and frequently as many during the night, accompanied with sensations so peculiar that they could not be described, but very depressing to her spirits.

During the severe and long-continued diarrhoea of the previous summer, she had been accustomed daily to examine her discharges, at the request of Dr. S., it being feared that dysentery might ensue, and this she continued to do, upon the return of those too frequent dejections.

From the time of their occurrence in November until about the middle of January, she had noticed small white masses, varying in number, sometimes not more than three or four, but frequently as many as sixteen, in every discharge. About the middle of January, three of these portions were shown to Dr. S., and proved to be portions of a tape-worm. She was directed to take half an ounce each of spirits of turpentine and castor-oil. This operated freely, and afforded her much relief, but she detected no portion of the worm in the discharges.

From that time until a week since she had seen no vestige of the animal, although every discharge has been carefully examined.

At this latter period, her old sensations, and segments of the taenia, began to appear.

She applied to Dr. S. on Saturday last, September 12, and was ordered to take half an ounce of kousoo, in infusion. On account of the nausea induced, but half the quantity was taken. In eleven hours after its administration, a moderate operation was produced, containing several small isolated joints, and a second operation followed, bringing away ninety inches of taenia, or nearly eight feet. A small dejection to-day contained about ten inches more of fragments. It is not a little singular that this patient should never have seen two united segments until yesterday.

Dr. WILLIAMS mentioned the efficient use of kousoo and turpentine in a case of tape-worm, recently. The patient was attended by Dr. Calvin Stevens. Six yards of the parasite were discharged. It is thought that the head still remains.

Expulsion of a Child while the Mother was in the erect position.—Dr. STORER had met with a case of labour since the last meeting, in which the child was expelled while the mother was standing, leaning her head upon a shoulder of her nurse. The child's head struck the floor, which fortunately was protected by a rug upon a carpet, with great force. The mother was of medium height, and the funis of the child was thirty inches in length.

Dr. S. considered the case highly interesting in a medico-legal point of view. A case, published a few years since in our periodical journals, is undoubtedly familiar to many of the members of this Society, in which a coloured woman was suspected of destroying her child, the bones of the head being fractured. She, however, insisted that it passed from her as she was walking in the yard upon the frozen ground, and that death was thus produced. Dr. S. had no doubt that, in the case he had just described, serious injury would have ensued had the head struck the unprepared floor. Although he is aware that in Niess's case, in which 145 children were expelled while the mother was in

an erect position (reported in the *Lancet*, Feb. 4, 1837: Thompson's Lectures on Medical Jurisprudence), no child was killed, nor was any bone fractured.

Muscular Anomalies.—Dr. KNEELAND read the following account: During the past year, I have noticed two interesting muscular anomalies, which, though not perhaps of any surgical or even anatomical importance, may be considered worthy of mention, both because such anomalies in the muscles are comparatively rare, and because they may throw some light hereafter on the homologies of the skeleton to which they belong. So far as I know, they are not mentioned in the books.

In April of last year, on a male in the dissecting-room subject I found an aberrant slip of muscle, on one side, arising from the levator anguli scapulæ. At the middle of the neck, this slip, which was about one-fourth of an inch wide for its whole extent, left the direction of the levator anguli scapulæ, and took that of the splenius, and was inserted by a distinct tendon into the delicate tendon of the serratus posticus superior, at about an inch from the upper border, and an inch from the spinous processes. The tendinous insertion consisted of fibres clearly continuous with those of the serratus posticus, especially towards the spine, in an upward direction, but less distinctly in the downward direction.

In November, in a female subject, I noticed the same slip, of a similar width, but inserted principally into the ligamentum nuchæ, about an inch below the upper border of the serratus posticus; some fibres were also attached to the tendon of this muscle, as in the first case. The attachment to the ligamentum nuchæ was fan-like for about an inch in vertical extent. It is hard to say to which of the muscles alluded to, levator scapulæ or splenius, this slip belongs; it possesses attachments common to both. It arises with the levator scapulæ from the posterior tubercles of the upper four cervical transverse processes, which also form the insertion of the deep-seated splenius colli; but, as in the last-mentioned case, most of the fibres arose from the ligamentum nuchæ, it would seem to belong more properly to the splenius.

The other anomaly is more interesting in a surgical point of view, consisting of the presence of a *fourth* peroneus muscle on one leg. The subject was a moderately muscular man, though considerably reduced by chronic disease. The peroneus brevis, longus, and tertius were normal in origin and insertion, though the tendons were larger than usual. From the peroneus brevis, about three inches above the ankle of the right side, came off a tendon as large as the tendon proper, which passed in a groove of its own behind the outer malleolus; but instead of pursuing the course of the peroneus brevis forwards to be inserted into the base of the metatarsal bone of the little toe, it passed perpendicularly downwards, to be inserted into the os calcis at its outer surface, as near as possible to its centre, considering both its vertical and antero-posterior diameter. A knowledge of this peroneus quartus might be of importance in the division of muscles for the relief of valgus club-foot.

The same subject had also the not uncommon anomaly of a biceps humeri with *three* heads, the third head fleshy, and attached to the anterior middle third of the humerus.

Peculiar Form of Organic Disease of the Brain. Reported by Dr. ABBOT. —The patient, who had recently died, was a merchant of this city, 52 years of age, and had been sick for ten years or more. First complained of a peculiar sensation in his head coming on irregularly, sometimes two or three times daily, and at other times absent for several days. Feeling described as that

of a sudden shock or blow, and instantaneous, like a flash of lightning; suddenly arresting his thoughts, without pain, loss of consciousness, mental confusion, or actual dizziness. It was only enough to call his attention to it and it was gone. These attacks continued until March, 1844, when he had a true epileptic fit; violent general convulsions, with loss of consciousness and biting of the tongue, but no frothing at the mouth. The patient had a recurrence of these attacks until the following July, occasionally two or three times daily, but generally with an interval of about ten days. Then there was an intermission of fourteen weeks without a fit. During all this time, however, the attacks to which he had been so long subject continued, rather increased in frequency and severity, being dependent apparently upon the state of his general health.

The remedies he had used thus far had been directed mainly to the correction of any constitutional derangement. Constipation had been treated by blue pill and laxatives. He had tried various preparations of iron. He had given up the use of tea and coffee and stimulants, to which latter he had never been much addicted. He was unwilling, however, to give up business; and while at his place of business was constantly exposed to the exhalations from tobacco, in which article he was a large dealer. He had been in the habit of chewing tobacco moderately, but gave up the practice at my request. He was a man of very active mind, entering with great ardor into anything which he undertook, and very devoted to business. At this time his appetite was excessive, and he was unwilling to restrain it. He regulated his diet so far as to live on the most simple food, only taking those articles which experience proved to be the most digestible. His disease continued without marked abatement, but rather increasing in severity until May 26, 1848. At this time turns of vertigo were about three daily, with fits every two or three weeks. It was determined to try a continued use of infusion of digitalis, as recommended by Solly. He began at this date by taking a teaspoonful at bedtime.

June 1, 6 A. M.—Had a bad fit, the first for six weeks. 8th, 6 A. M. A bad fit.

July 10.—After dinner a fit, not a very bad one. 31st. Had a slight fit in bed.

August 18, 5 A. M.—A bad fit. 21st. Another very bad fit at noon.

The digitalis was then discontinued, having taken it with an occasional intermission of a day or two up to that time, and gradually increasing to $\mathfrak{ss}$ at bedtime. The number of turns of vertigo during this period, of eighty-seven days, was only twenty-two, a very marked diminution of their frequency.

The disease after this continued irregular as before, sometimes better sometimes worse. He lost flesh, however, his memory became impaired, and he was subject to great depression of spirits. Instead of vertigo, or rather with it, he had what Dr. Marshall Hall calls *trachelismus*. His head would turn gradually in the direction of his left shoulder, and remain for a short time, half a minute to a minute, fixed in that position, with fixed staring eyes, and seeming unconsciousness of all around him, but without convulsion, or at most a slight tremulousness. These turns generally left him with a temporary confusion of mind. Sometimes, however, he retained his mental control enough to remark that he was having one of his "turns."

In September, 1849, he began to take extract of *cotyledon umbilicus* gr. v, night and morning, subsequently increasing the dose to gr. x, at night. He took this until the following April, without the occurrence of a single epileptic fit in all that time. It was then discontinued, as new symptoms began to manifest themselves. During this period he grew quite stout, his spirits be-

came cheerful, and he seemed better than at any previous time during his illness. He was as stout as he ever had been in his life. The vertigo and trachelismus, however, continued irregularly all through this period, and in the spring of 1850. He began to have "falling turns," as if from his legs giving way under him. His wife remarked that his left arm and leg appeared weaker than those of the other side; in falling, his left leg seemed to yield first. When down, he generally retained his consciousness without convulsion, but with entire inability to rise for a few minutes. Sensibility not affected. His face was generally pale, and his pulse feeble and very rapid; head frequently bathed in perspiration. The disease progressed, true epileptic fits being rare, but the "falling turns" being of frequent occurrence, his mind breaking down by degrees.

About July, 1852, he gave up his business, and from that time to the day of his death left the house but once, when he rode out for an hour, but was greatly exhausted by it. He gradually lost the power of directing the motion of his legs and became incapable of walking. His right eye became wholly blind, the pupil being widely dilated; that of the left eye acted under the stimulus of light some time after the right; but, finally, he lost almost entirely the power of vision in this also. He lost the power of controlling his sphincters in a great degree, although he was generally able to warn his attendants of his desire for evacuation in time for proper precautions to be taken. His mind, during his last days, was frequently quite active. During the last three months or more he was subject to the most singular illusions, his mental condition being precisely like that of a person dreaming; the most singular and grotesque fancies taking to him the air of complete reality, and diverting his thoughts and conversation for days, while he retained his knowledge of his friends and the members of his family. Several months before his death he had a strange fancy for tracing the derivation of words, and always wanted to have a dictionary by his side. Appetite morbidly strong till towards the close of life; but during the last days deglutition became very difficult, and his bowels obstinately constipated. Throughout the whole course of his disease he never had any pain in the head worth mentioning. There is reason to believe that his sense of smell was impaired for several years before his death; indeed, his wife is of opinion that it had never been very acute since her acquaintance with him commenced; the other senses, however, were not affected.

The *dissection* was made by Dr. JACKSON, and reported by him. The cranium was thin and atrophied; the dura mater filled by the brain; the arachnoid dryish over the convexities with no trace of serum beneath, but with considerable congestion of the pia mater.

The disease of the brain was quite extensive, confined to the right side, and different from anything that Dr. J. had ever before met with. Situated at the base and extending some way upwards into the substance of the organ; anteriorly to some distance in front of the corpus callosum, and posteriorly as far as the limits of the posterior lobe, the disease being apparently most advanced in the anterior: ill-defined and passing gradually into the healthy substance. The diseased portion seemed to be enlarged or swollen; this was quite marked in that portion of the middle lobe which bounds the great fissure at the base of the brain, and which formed a sort of projecting tumour, in which was a groove formed by the passage of the sixth pair of nerves; enlargement also marked in the anterior lobe, where it pressed upon the falx and made quite a depression in the corresponding lobe upon the other side; also in the nates and in the hippocampus major, with a projection at one place into the lateral ventricle; corpus striatum somewhat full, but the optic thalamus not

remarkable; crus cerebri very markedly broader than natural. In consistence it was, generally, decidedly softened, though nowhere pulpy; in the anterior lobe it felt firm before and on incision, but afterwards generally softer than natural, though unequally so. It had a gelatiniform appearance; more or less marked in different parts; and in the anterior lobe a very marked grayish translucency, this not being seen elsewhere. It had a peculiar and delicate rose tint, particularly upon the confines of the disease; passing into a purple, which in some parts became quite deep; the hippocampus was of a dusky red colour, and looked like a gorged leech. The structure was nowhere broken down excepting in one or two places in the anterior lobe, where, to the extent of two or three lines, it had a coarse cellular structure, and was thoroughly infiltrated with serum; the "cellular infiltration" of authors. The serous surfaces adhered in some places, but nowhere strongly, excepting where the fornix winds round behind the optic thalamus. The lateral ventricles contained about $\frac{3}{4}$ of clear serum; the left apparently much enlarged, but the right smaller; septum lucidum not softened. Otherwise the brain was perfectly healthy; the right olfactory nerve, however, was evidently diseased like the brain just before it passed through the ethmoid bone, forming there a small, grayish, irregular, and rather knobbed tumour.

The organs of the thorax and abdomen were also fully examined, and found sufficiently healthy.

In regard to the nature of the affection of the brain, Dr. J. remarked that, though it somewhat resembled "softening," yet it differed from any cases he had seen of this disease in respect to the colour, and more particularly in the enlargement of the affected portions, amounting in some parts to what would often be called a tumour; the colour, however, is said to vary much in "softening." There were no appearances of any of the common products of inflammation, excepting what has been above mentioned; no pus nor lymph, and no yellowish discoloration; and neither were there any of the characters of carcinoma. It was evidently a change of structure, and not a new growth. Since the dissection, different parts of the mass have been examined microscopically, but the result was very unsatisfactory.

Membranous Croup; Tracheotomy; its advantages; fatal termination of the case on the twelfth day; post-mortem appearances.—The patient, a girl of five and a half years, was attacked on a Monday. On Friday the case was thought desperate. On Saturday, P. M., false membrane one-half to three-fourths of an inch in length and in breadth was expectorated thrice. Sunday, A. M., pulse 156 per minute; the child in imminent danger of suffocation; the mother desiring the operation for opening the trachea to be done, Dr. HENRY J. BIGELOW did it at 10 o'clock A. M., Sunday. Great relief followed; the breathing became quiet; the pulse sank to 140; twenty-four hours subsequently, the tube being apparently stopped (a double tube was employed); a suffocative paroxysm was manifested. Dr. B. found the tube clear, but discovered a flap of false membrane that closed the lower opening; by forceps, he removed a plug of membrane and thick mucus; from this time until the following Thursday, the amount of mechanical interference was extraordinary. On Tuesday, A. M., a piece of the trachea was cut out; the granulations surrounding the orifice of the external wound, bled somewhat, and the blood drawn into the trachea at first caused strangling, but in a short time the mucus became diluted by the blood, and expectoration became possible; acting upon this hint Dr. B. caused the trachea, externally and internally, to be carefully moistened with a few drops of water from time to time,

and with evident benefit. A hooked probe and forceps were occasionally introduced by the opening, down to the bifurcation of the trachea, for the purpose of removing pieces of membrane and stringy mucus. On the day after removing the tracheal tubes, Dr. B. introduced two pieces of annealed wire suitably shaped to act as dilators of the external and internal orifices; the wound was kept open, in this manner, until death. On Monday there was some rale heard in the lungs. On Wednesday this had increased. Dr. Charles E. Ware apprehended supervention of pneumonia, which finally was declared, and the child sank from this and from debility. Dr. Bigelow thinks it would, doubtless, have died on the Monday or Tuesday after its attack, had not tracheotomy been practised; the prolongation of life, the relief procured, and the far easier death are, in his opinion, sufficient reasons for doing the operation, and he would always thus act, unless it be proved that sufficient disease of the lungs *always* follows in cases of true croup to prove fatal. The child lay upon its right side during the whole of the disease.

Dr. B. thought there were three points to be especially remarked upon in the present case: 1st. The obstruction in the larynx, and the immediate relief afforded by the operation; 2d, the dilution of the viscid mucus by dropping water into the opening in the trachea, and the removal of the secretions by instruments; 3d, the supervention of lobular pneumonia and its fatal consequences. From the time that the operation was performed the most careful attention was required for the carrying into effect of the various mechanical means that were adopted, and it was most assiduously given by Dr. Fogg, in whose practice the case occurred.

Dr. CHARLES E. WARE thought very favourably of tracheotomy in such cases; at first, in the above instance, the disease seemed moderate; the coloration of the face mostly fresh; this for a day or two. Dr. W. referred to the statement that congestion of the lungs is due to the tracheal obstruction; he mentioned a case, occurring within the past year, in which the respiratory sound in the lungs became less and less as the tracheal difficulty increased; crepitous rales next supervened, and fatal disease. From these considerations he would deduce the importance of an *early* resort to the operation of tracheotomy.

Dr. GOULD suggested the occurrence of croup *after* pulmonic disease, measles, and scarlet fever.

Dr. WARE had never met with it after disease of the lungs.

Dr. STORER inquired if tracheotomy has ever been done successfully in this city in membranous croup?

No affirmative reports given.

Dr. HOMANS had seen croup following measles, it is then apt to be fatal; it is well known to be not infrequent after scarlet fever. Dr. H. asked if the introduction of the wires, in Dr. Bigelow's case, were not painful? Dr. Bigelow described their introduction: the springing ends were confined by a ligature and introduced, the ligature withdrawn a fit of coughing was the result of the sudden pressure and dilatation, but this soon ceased and the child slept. Dr. B. stated a case in which the single tube formerly used became plugged at its lower orifice by mucus except for an hole of the size of a knitting-needle; the double tubes can be kept clear; he had wished to see if the orifice could not be dilated sufficiently, and all desirable objects effected, without the use of *any* tubes; hence his employment of the wire dilators.

In reply to a question from Dr. Storer, whether the inflammation would not be aggravated by the introduction of the wires, Dr. B. said that undoubtedly some irritation would arise therefrom; he had supposed that, finally, the wires

might even have ulcerated through; as it proved, however, they did not, but merely indented the inner tracheal surface; there is, also, a difference between *traumatic* and *idiopathic* inflammation. He does not think the wires, thus used, would aggravate the croupal trouble.

Dr. JACKSON remarked that, according to his observation, pneumonic inflammation combined with croup is very rare, even where lymph is found very far down in the bronchial tubes. Dr. J. described the *post-mortem* appearances, exhibiting the specimen to the Society. In the larynx, there was a thick and firm deposit of lymph from the edge of the epiglottis downwards, and it was evidently the original formation. Throughout the trachea there was a thin and delicate layer which was very readily detached, and had been formed after the expulsion of the original membrane; mucous surface beneath it highly inflamed, red, and granulated. Many of the smaller bronchia contained lymph, such as was found in the trachea, but several in the left lower lobe were nearly plugged up by a thick, whitish, firm, tubular membrane, which, like that in the larynx, contrasted strongly with the deposit in other parts. Besides the lymph, there was the usual abundant viscid secretion throughout the air-passages; also a trace of lymph in the pharynx. Mucous membrane sufficiently well below the primary bronchia. Pneumonia on both sides involved a great portion of the right upper lobe, having advanced there to the stage of purulent infiltration; elsewhere not very extensive. The opening in the trachea was quite free, and upon the inner surface was seen, strongly marked, the impression left by the wire that had been used as a dilator.

Strangulation of the Intestine by a Diverticulum.—The specimen was sent by Dr. HENRY SARGENT, of Worcester, with a full history of the case, of which the following is an abstract: The patient was a healthy farmer, 72 years of age, and had not been subject to symptoms of obstruction of the bowels. On the first of March, having had some pain in the bowels, with nausea, he took ten grains of blue pill followed by castor-oil. He had, the next morning, a slight fecal dejection, in which, as the wife thought, there was to be seen some of the oil. From this time, the symptoms of obstruction continued well marked until his death, which occurred on the morning of the 11th inst. The vomiting throughout was urgent, the fluid thrown off being generally greenish. Cathartics were several times given, and enemata very frequently; these last being at once returned, and with occasional tenesmus, though they did not cause any marked distress; no discharge of blood, as in cases of intussusception. On the night of the 6th, he was said to have had a very slight fecal dejection; but if he had, this was the only one after the second day from his attack. Some constant pain at epigastrium, though never enough to require opiates; bore pressure well; abdomen soft, and moderately tympanitic anorexia; tongue coated; occasional hiccough. Throughout the disease there was no fever; pulse 88, and continued about the same, as to frequency, until his death, though it became more feeble as he gradually sank. Just before death, he complained of severe pain across the lower part of the spine.

On dissection, the small intestine was found greatly distended, filled with fluid, and very vascular; the large intestine being proportionally contracted. No peritonitis, except just about the seat of disease. The diverticulum was of medium size, arose from the ileum about forty inches from its termination, and adhered firmly, though to a small extent only, to the mesentery; a ring was thus formed, which seemed capable, after the withdrawal of the intestine, of admitting no more than two fingers; and yet through this ring the whole length of the intestine had passed from the diverticulum to within about six

inches of the *caecum*. The stricture was not so close but that the intestine could be withdrawn without difficulty.

Fatty Disease of the Liver in a Child seven months old.—Specimen sent by Dr. LEIGH, of Townsend; and the enlargement, the light fawn colour, and the doughy feeling of the organ, were highly characteristic of the disease. At a subsequent meeting of the Society, Dr. Jackson remarked upon the inordinate quantity of fat that it contained, and stated that, having thrown the organ into a large cylinder stove, it blazed up at once, and for some time filled the whole stove with flame. The child weighed but seven pounds fourteen ounces, and of this fourteen ounces was the weight of the liver. It was brought up by hand, and at the age of one month had diarrhoea; this yielded after a time, and the symptoms during the last few weeks were costiveness, colic, pain, and vomiting. The liver was the only organ diseased.

Dr. Jackson remarked upon the connection so generally believed to exist between fatty disease of the liver and phthisis. He has seen so many exceptional cases, and especially during this last winter, that he is inclined to doubt it, though the theoretical explanation of the connection is plausible. In the case of the common granulated liver, also, in which the organ generally contains such an abundance of fat, phthisis is certainly rare enough.

Diabetes insipidus.—Case communicated by Dr. LEIGH, of Townsend. The patient was a man who had suffered all his life from the disease. When first seen last summer, he was voiding daily six or eight quarts of nearly colourless and inodorous urine, and having a density scarcely greater than that of distilled water; there was no evidence of the presence of albumen or sugar; it did not become sticky on being evaporated nearly to dryness, and had not much offensive odour on standing for a week or more. The skin was peculiarly dry, and there was some evidence of disease of the lungs; as winter approached, this last became developed, and he has recently died of phthisis. The kidneys, which were sent by Dr. L. with the case, were enlarged, somewhat lobulated, extremely soft, so as to break down most readily under pressure, and scattered throughout with numerous distinct white specks, some of which had a reddish spot in the centre. Four weeks before death, one of the testicles inflamed, and on dissection a tubercular-looking deposit was found at the inferior extremity of the epididymis; this also was shown.

The comparative rarity of this form of diabetes was remarked upon; and, also, its termination in phthisis, as is so usual in diabetes mellitus.

March 28.—Cyst containing Oil, from the Parotid Region.—Case reported by Dr. H. J. BIGELOW. The patient was a man 45 years of age; tumour forming since he was three years old, and was first noticed after the healing of an abscess in the ear. Gradually enlarged until the last two years, when it grew more rapidly. At the time of the operation it was of the size of a hen's egg, and situated immediately beneath the ear; had the feeling of an immovable cyst; integuments healthy; no pain. The external appearances were finely shown in two daguerreotype views; adhesions intimate at every point, even to the styloid process. It was, however, dissected out entire, except where it was attached to the under surface of the cartilaginous meatus of the ear. At that point there was a minute perforation through the cartilage, and a small probe having been passed through it, its extremity was felt just beneath the inner surface of the meatus; the whole cyst, as Dr. B. thought, seeming to expand from this as a point of departure. The inner surface of the cyst was mostly

red and shining; microscopically, an imperfect epithelium was seen, though more marked towards and within the perforation. The contents were very remarkable; about 3ij of limpid, yellowish oil, perfectly resembling common lamp oil, and congealing in a few minutes after it was discharged, at a temperature of 65°, followed by about a dessert-spoonful of what appeared to be ceruminous and epithelial substance, in the form of whitish, opaque, flocculent masses. A small seton was passed through the perforation in the cartilage, to promote adhesion; at the end of a week this was removed, and the wound healed well.

Dr. B. remarked upon the great rarity of subcutaneous cysts containing oil. Dr. Jackson referred to the concrete fatty substance found in ovarian cysts that contain hair, and its resemblance to the specimen shown by Dr. B., suggesting that it might be liquid during life. Dr. B. said that in his cyst there was no hair. In reference to the perforation above described, Dr. Gay alluded to certain deficiencies that exist naturally in the cartilaginous portion of the meatus.

Remarkable Enchondromatous Transformation of the whole Thumb.—Dr. H. J. BIGELOW reported the case, and exhibited the specimen, with a beautifully coloured drawing, showing the appearances seen on a section of the mass; also a cast of the tumour, taken a year ago.

The patient was a female, 82 years of age, and the disease came on without obvious cause three years ago. An elastic, translucent tumour was first seen over the inside of the last joint of the thumb, and was thought to be a bursa. This enlarged gradually until a year ago, when it involved the whole thumb, and formed a rounded tumour, about four inches in diameter; integuments reddened and inflamed; it was elastic to the feel, and still thought to be an enlarged bursa, the opacity which it then had being explained by the idea of its being filled with the products of inflammation; pain considerable. When seen recently, it had nearly doubled its size; length eight inches, largest diameter nearly five inches, and circumference thirteen inches; weight of the mass, after removal, about twenty-one ounces. To the feel, it was still somewhat elastic; integuments thickened and inflamed, and upon the inner surface midway was a slough one and a half inch in diameter, and an inch deep; in the place of the nail, which existed a year ago, there was a foul ulcer, with thickened, everted edges, and nearly two inches in diameter. Pain so urgent as to keep her awake, and she was now quite ready for an operation, which had before been refused.

Having been removed with the metacarpal bone, a single longitudinal section was made through the mass, and exposed an almost uniform, translucent, bluish-white tissue, minutely and irregularly divided into lobules, averaging in size a split pea, and each invested by a distinct fibrous tissue. The mass varied, as to density, in different parts, being greatest towards the centre, where there were some cartilaginous-looking lobules, and also considerable traces of the cancellar structure of the first phalanx. Towards the extremity, the structure was gelatiniform and more vascular, though still lobulated; the same soft lobules being also interspersed throughout the whole tumour. The skin and a thin layer of cellular membrane formed a sort of investing membrane for the mass, and could be readily separated from it; all trace of the original structures within having disappeared, excepting the scattered remains of bone above referred to. At the time of the operation, one quite defined lobe was found to extend into the ball of the thumb. Metacarpal bone healthy, though imbedded for one-half its length in the overlying tumour;

anterior extremity covered by healthy cartilage, the synovial membrane being reflected over the corresponding surface of the tumour, and forming between them a proper articular cavity. Upon the back of the thumb, one of the extensor tendons was to some extent deeply imbedded in the tumour; afterwards, it lay beneath the skin, spread out to the width of half an inch, and extremely thin, and was at last inserted, with a fan-like expansion, into a mass, which, from its separation by a deep transverse fissure from the rest of the tumour, appeared to represent the last phalanx.

Microscopically, the soft parts of the mass showed cells, from one to two thousandths of an inch in diameter, and containing one or more nuclei, with considerable granular matter. In these parts, a structureless or fibrous tissue was found, in which naked nuclei were imbedded and interspersed with the above cells. The cartilaginous-looking portions showed a tendency to the formation of irregular, cartilaginous corpuscles; but there were none seen that were well marked.

The wound healed rapidly after the operation.

Wound of the Heart.—Case reported and specimen shown by Dr. H. G. CLARK. The patient, a young man, 21 years of age, was stabbed with a common dirk-knife, and died in twenty or thirty minutes. After receiving the wound, he ran up stairs, and then fell backwards, or was knocked down over several of the stairs, where he lay until he was taken up and carried to the watch-house. When seen by Dr. C., about ten minutes before his death, he was pulseless, though a feeble and distant action of the heart was perceived; occasionally, a feeble inspiration; lips somewhat sublivid, and face moderately pale. Dark blood was oozing slowly from the wound; the quantity that was lost altogether being probably about a pint. The external wound was half an inch in length; the knife grazed the left edge of the sternum, nearly cut off the cartilage of the seventh rib, made a wound in the pericardium an inch in length, and a penetrating wound through the right ventricle half an inch in length and one inch from the apex. The cavity of the pericardium contained about four ounces of coagulated blood.

Dislocation without Fracture between the Fourth and Fifth Cervical Vertebrae. Case reported and specimen shown by Dr. H. G. CLARK.—The patient was a stout labouring man, 30 years of age; and in an affray with another equally powerful, his antagonist got his head between his knees, beat him most brutally, and then hurled him with great force upon the ground. From that moment he lost all power of motion and sensation below the seat of injury; the respiratory muscles, as well as the extremities, were palsied; the urine dribbled away, and he had involuntary dejections from the operation of a cathartic. On account of great distress in the neck, he was bled to about a pint, after which he appeared to sink, and in less than thirty-six hours from the time of the accident he died.

On dissection, there was found dislocation upon both sides between the fourth and fifth cervical vertebrae, with considerable displacement, but without fracture of the bones; the intervertebral substance, however, being of course broken through. Spinal marrow completely broken down to the extent of about half an inch. Muscles considerably bruised, with some effusion of blood between the vertebrae and the theca, but none within this last.

April 11.—Ovaritis. Dr. COALE.—The patient had suffered for seven years with symptoms referred by her attending physician to prolapsus uteri;

there was violent pain at the menstrual periods, and also at other times; pain and sense of weight in the back, and pain of very acute character in the front of the abdomen darting back to the renal regions; an opiate treatment, alone, had been followed; on examination per vaginam, Dr. C. detected the right ovary enlarged, hardened, and very tender to the touch; there was but a very slight degree of prolapsus of the womb; an issue over the region of the inflamed ovary, and quinia were ordered. Dr. C. thinks this affection is very often overlooked; relief was obtained by the above treatment.

Abscess of the Brain after a fall upon a Nail. Case reported by Dr. BOWDITCH.—A boy, æt. 19 months, who, from birth, had been always well, except occasionally slight trouble from his teeth. On March 27, 1852, fell backwards from some steps. The distance was about two feet, and in falling he struck a door and probably the back of his head upon one of the steps, and finally it rested upon a broken carpet-nail, one-third of an inch long, and which had a jagged end. The force of the blow was sufficient to drive the nail fully into the head. The child cried lustily for a few minutes, and then quietly submitted to its extraction, which was performed by the mother with some difficulty. Immediately afterwards he seemed to think no more of it, continued as playful as ever, and was, perhaps, even more roguish than usual for three or four days; at the end of this time (the parent thinks on Wednesday, the 31st) he was not quite well. His sickness was attributed to two teeth, the gums over which were very much swollen, and the attack seemed like what he had had at previous times. A day or two before, he had eaten largely of orange-peel, preserved lime, and other indigestible substances; on Thursday, April 1, he vomited. He then desired to be carried in the arms of the nurse, and would lay his head upon her shoulders. The swelling and redness produced by the blow had disappeared under cold water-dressings, and the wound in the scalp was nearly healed. Usually, in the morning, he was better than at a later period of the day; but he played less than usual; his appetite was diminished. In other respects he seemed well.

On Monday evening, April 4, his attendant found more difficulty than usual in getting him to sleep, and before long he awoke and vomited; seemed in a stupor, with his eyes fixed. Dr. B. saw him half an hour afterwards. The patient was sitting in his mother's lap, with eyes open, calm, but staring straight forward without noticing any object that was placed before them. The pupils were dilated; occasional slight twitches of the hands and of the muscles about the face. Respiration regular; slight motion of mouth and throat as of swallowing. Dr. B. found that, in addition to the orange-peel and lime before taken, he had likewise swallowed some canary-seed on the morning of the day of the visit. The gums of two upper bicuspidæ were very tense; the pulse was quick; the skin not very hot. The gums were lanced without relief, and he soon fell into a general convulsive action of the extremities. An emetic of calomel and ipecacuanha was given, and a warm bath administered. Subsequently, sinapisms were put to the feet; cold applications to the head. In about an hour he recovered; had free emesis and catharsis with removal of undigested food, and fell asleep. He awoke the next morning conscious and smiling as if wholly well.

From this time he continued to improve, and on the 6th, 7th, and forenoon of 8th, appeared to his parents perfectly well, though a little weak. Dr. B. had ordered that nothing should be given for food but the mother's milk, or, if need be, cream and water and a little grated biscuit. At dinner, on the 8th, he began to eat heartily of potato, and while doing so he suddenly stopped,

and put his hand to his head as if in pain, and from that time sickened anew. He, however, had no serious convulsion until the afternoon of the 10th, when Dr. B. was again called and found him affected as at the first visit. During the evening he cried out as one annoyed, and about 2 A. M. screamed aloud as if in great agony, and passed into convulsions. From this period until his death, about midday of the 12th, he had manifest cephalic symptoms; eyelids half open; pupils large, insensible to light at first; at times, strabismus; at a subsequent period pupils irregularly acted on by light; limbs always rigid; arms rather flexed, and frequently seized with tremors and more firm contractions, accompanied by moans. Occasional vomiting, sighing respiration, and a little cough at last. The treatment consisted of leeching; calomel daily, at first in cathartic and afterwards in alterative doses; cold applications to the head, and finally blisters.

Autopsy, twenty-two hours after death.—Limbs flaccid; slight congestion of scalp behind left ear where leeches were applied; none elsewhere; spot where nail entered scarcely perceptible, and corresponding part of external table of skull still more difficult to discover; skull removed easily. On examining internal table a small funnel-like fracture, about one-eighth of an inch in diameter at base, composed chiefly of spicula of bone very minute, and projecting sharply from one-sixth to one-eighth inch, and through the dura mater. A small aperture was found in the dura mater, a little lymph was about this, surrounding which was a circular spot one-half inch in size of intense redness. Dura mater elsewhere well, but at this point it was so adherent by means of a layer of recent lymph (one inch by one-half inch), that it could not be raised without rupturing an abscess in the middle of the posterior half of the right hemisphere. This cavity was as large as an English walnut. It contained a purulent detritus. Its walls were soft but rough and red, and spotted with numerous bright red dots or points of extravasation. They were easily scraped off in a diffuent state to the depth of nearly one-fourth of an inch, and the parts adjacent were of a yellowish hue, and softer than usual to a still greater distance. The rest of the cerebrum was of normal consistence. The cavity communicated with the right lateral ventricles by a small aperture. The interior of this, with the plexus, was wanting in polish, and lined apparently with the detritus above named; it was, perhaps, larger than usual. Left ventricle of normal size, but contained some pale turbid liquid.

Over the anterior and outer parts of the left hemisphere, and extending in a less degree down towards the base of the cerebrum, were several large opaque white spots, evidently thin, subarachnoid purulent effusions. Very little lymph over the optic nerves.

The cerebellum was soft in both lobes at its posterior and superficial parts, especially in its left hemisphere. Fourth ventricle well. Vivid congestion of the surface in two small spots at the base of both hemispheres.

Medulla oblongata, well.

Organs of thorax and abdomen healthy; no indigestible food in alimentary canal.

Neuralgic Operations.—Dr. J. MASON WARREN related the following case. The patient was a lady, 35 years of age, who, nine years before, was seized, while pregnant, with a severe pain in the tip of the forefinger of the right hand. The only cause she could attribute it to was the too free use of the needle. The pain had gradually increased, affecting the arm and shoulder, and, finally, other parts of the body on the same side. Every remedy, which the experience of distinguished surgeons in the vicinity could suggest, had been ineffectually

tried. She was informed by Dr. W. that the success of an operation was doubtful. Aside from the above disease her health was otherwise good, and she was in good flesh. The appearance of the finger was somewhat red, and the motions impaired. It would not bear the slightest examination without the most excessive suffering. The patient being etherized, an incision was made a little in front of the inner aspect of the finger, the digital nerve exposed, and about half an inch of it excised. The same operation was repeated on the other side.

The operation had been followed by the most complete success; the patient was heard from some months afterwards perfectly free from a recurrence of her disease. Dr. W. referred to an operation similar to the above done by Dr. Buckminster Brown, and reported in the *Transactions* of the Society. These cases he thought interesting on account of the discredit into which the division of nerves for neuralgic affections had of late years fallen. At a subsequent meeting, he mentioned the case of neuralgia of the lower jaw, already reported, in which he had trephined that bone at its angle, and removed half an inch of the nerve, the operation being successful so far as he is acquainted with the after history.

Dr. SARGENT, of Worcester, Associate Member of the Society, spoke of two cases in his own practice; the first he observed in a nervous female who had pricked the ulnar side of the palm of the hand near its articulation with the little finger; the neuralgic pain, in this instance, was evidently in the *skin*; very slight touch causing exquisite pain, while forcible, deep pressure did not; the touch of a feather upon the affected hand and arm produced acute suffering; the hand *springing up* convulsively at such touch; the pain first appeared in the seat of the injury. Dr. S. applied cantharides plaster, and then morphia to the cutis, repeating them three or four times; the treatment was followed with relief at each application, and after two or three weeks there was no recurrence of pain. The same patient afterwards injured the other hand with a pin, neuralgic pain of like kind supervened; similar treatment was followed speedily by a like result. Dr. S. alluded to analogous cases of long persistence, in which atrophy of the affected parts occurs; he has met with such; of neuralgia *confined to the skin* he had seen but two or three cases. A few years since, Dr. S. saw a man who had severe neuralgic pain supervene in the cicatrix of a cut which he had received on the dorsal aspect of one of the thumbs near the nail; a touch upon the scar caused great pain, which extended up the arm; blisters were ineffectual; an incision was productive of immediate and entire relief.

Dr. PARKMAN mentioned the case of a female of middle age, wounded by a needle in the ball of the thumb; spasmodic pain supervened extending to the entire arm, with severe spasms of the limb; free crucial incision afforded complete relief; the affection was of two or three years' continuance.

Dr. BROWN remarked that, in the case reported by him and referred to by Dr. Warren, morphia applied to the blistered surface, and, indeed, every other known remedy was wholly ineffectual; the excision of a portion of the nerve was at once and entirely successful; no return of the disease.

Dr. HAYWARD, Sen., spoke of cases in which, a piece of a nerve being removed, no relief was experienced. Dr. H. cited a case in which Dr. Warren, Sen., removed an inch of the ulnar nerve for relief of neuralgic pain consequent upon a bruise of the arm and injury to the nerve, not the least relief of the pain followed; the patient, a young woman, finally submitted to amputation of the limb.

Dr. PARKMAN said that, in a case in which he divided the nerve at the

mental foramen, last summer, with apparently permanent relief, the neuralgia has returned, and now pervades the entire face.

Apparent immunity from the action of Scarlet Fever Poison in certain persons immersed in Tobacco Smoke.—Dr. KNEELAND mentioned this instance, which was related to him by a physician. It is, at least, a curious coincidence, if nothing more.

In the midst of a district completely invaded by scarlatina, certain Irish families, in which tobacco fumes constantly pervaded the atmosphere, enjoyed entire immunity from attacks of the disease. Two Irish families, the only ones in which no tobacco was used, were visited severely by the fever.

Dr. MINOT referred to the remark of MM. Parent-Duchâtelet, and Marcet, that workmen in tobacco are remarkably free from contagious diseases.

Detachment, by Violence, of the Extensor Tendon from the last Digital Phalanx.—Dr. H. J. BIGELOW reported three cases of this accident. 1st. A gentleman having had his hand caught between a running-band and a roller, over which it was passing, the middle finger was injured in such a way that he at once lost all power of extending the last phalanx; nor has he yet recovered it, though the accident happened eight years ago. When the finger is extended, which can be done otherwise very perfectly, this phalanx is strongly flexed. 2. A woman, when making a bed five years ago, struck the middle finger, and the same result followed. 3d. A young lady struck the back of the hand sharply, but not forcibly, and with the same result. This case has occurred recently. All three of these cases have been treated for some time with a straight splint, but with very little, if any, benefit.

Dr. B. has never met with any notice of such an accident as the one above described; but can give no other explanation of what happened.

Cerebral and Intestinal Disease.—Dr. STORER presented the following case, to which he was called in consultation, for the notes of which he is indebted to Dr. FOLTS; and for the account of the *post-mortem* appearances to Dr. ELLIS, by whom the dissection was made, in connection with Dr. HOMANS, Jr., and in presence of Dr. FOLTS.

R. H., *ætat.* 84; married; formerly a sea captain, but for six years past has been agent for a line of packets.

Dr. Folts having been in attendance upon the family of the patient, more or less, since January 7, had noticed that Mr. H. was sallow, and that he complained much of pain in the head, but he was able to attend to his business as usual.

On the 25th of March, Dr. F. was called early in the morning, and found him suffering from pain in the right ear, so intense that he had been walking about the room during the whole night. Pulse 54.

Several days before, he was attacked with severe pain in the nose and between the eyes, which disappeared after a copious discharge of bloody serum from nostrils, a sensation as of "something breaking" having preceded the latter.

The pain in the ear continued unabated until the following morning, when vomiting supervened, immediately excited by any motion of the head. Pulse still below 60. A few hours later, he began to complain of pain in the head, that in the ear, however, still predominating. In the afternoon of the same day, the pulse became somewhat accelerated, and the vomiting mostly subsided, but recurred on exposing the eyes to the light, which also caused diszi-

ness. A discharge of bloody serum from the ear, which had commenced on the previous evening, continued through the greater part of this day. The ear was then examined, and the membrane of the tympanum found ragged, and nearly destroyed by ulceration.

The pain in the head increased rapidly, and for two days and nights was so severe as almost entirely to prevent sleep; at first, shooting from the right ear, through the temple, to vortex, and afterwards complained of mostly in the occiput. The heat of the head was at the same time intense.

The vomiting recurred once or twice, but did not again become a troublesome symptom. The pulse rose from 60 to 80 and 100.

The pain in the head subsided so much on the 28th that he slept quietly during the first part of the night; but at one o'clock had a thin, black, fetid discharge from the bowels, which had previously been costive. This was followed by several others of the same character, portions of lymph in a tubular form being thrown off with the first two. He immediately began to sink, and died at 10 o'clock A. M., March 29.

Autopsy, five hours after death:—

Externally.—Great cadaveric rigidity. No marked emaciation.

Brain.—Vessels of *dura mater* well filled, but no marked congestion; the membrane itself not abnormal.

On the removal of the *dura mater*, there was seen, under the *arachnoid*, and covering more or less completely the anterior half of the convexity of the brain, a layer of thick pus, which exhibited but little or no disposition to escape on incision. This same deposit was present also in the form of smaller patches, laterally and posteriorly, and at the base extended from the optic commissure to the point where the spinal cord was divided, filling the various depressions over which the *arachnoid* is spread. Both sides equally affected.

The *lateral ventricles* were distended by about $\frac{3}{4}$ of serum, which appeared perfectly clear as it escaped, but at the posterior and most dependent part were a few very small yellowish-white flocculi. The lining membrane of the cavities presented no trace of inflammation. The posterior part of the choroid plexus had a vesicular appearance, as if composed of a string of transparent beads, varying from one to three lines in diameter.

The substance of the brain was of natural consistence, and not unusually vascular.

Temporal bone.—On exposing the petrous portion of the right temporal bone, its surface was found intact; but immediately beneath, and seen, as it were, through a transparent layer, a marked vascularity was noticed, contrasting strongly with the appearance of the corresponding part of the bone on the opposite side.

On exposing the tympanum, and the numerous cavities which extend from the point to the base of the petrous portion, they were found filled with dirty pus, the bone being everywhere quite vascular; no sequestrum seen. A probe passed freely through the meatus externus into the cavity of the tympanum, where the ossicula were found in a healthy state.

Ethmoid bone.—Portions of the cribriform plate of the ethmoid were cut away, but no disease was discovered beneath.

Intestines.—The intestines contained a considerable quantity of dark green liquid feces.

Ileum.—Strongly marked transverse folds, resembling the valvulae conniventes, existed in the last two or three feet. The mucous membrane of this part was much inflamed, and covered by a slight deposit of lymph, discolored by the feces.

Large intestine.—The internal surface everywhere of a more or less dark red colour, showing a high degree of inflammation; thin patches of lymph, from one to two inches in diameter, being here and there observed, stained by the contents of the intestine. The mucous membrane was exceedingly thin, the injection of its vessels enabling one to easily estimate its thickness. No marked ulceration.

False membrane.—The two or three separate portions, in which the membrane came away, would, united, measure about one foot. These were opaque, of a dirty white colour, stained internally by the feces, and about a line in thickness, the external surface presenting numerous small crypts.

Under the microscope, the membrane appeared to be composed of a granular and fibroid substance and epithelium, but bore no trace of organization.

The other organs were examined, but nothing remarkable discovered.

Supposed Ship Fever.—The following letter, from Dr. JAMES F. HARLOW, of Boston, describing the case, was read to the Society by Dr. COALE:—

"I saw Mrs. P., aged 34, for the first time, on Sunday, March 13. On the day previous, she had suffered with chills, followed by heat and perspiration. I found her feverish, with a severe headache, and countenance dusky and expressive of anxiety; extremely nervous; pulse about 120, rather feeble. As she had already taken an active cathartic, I merely gave her a mild emetic, which sensibly relieved her head. On the following day, with the exception of her head symptoms, she was not so well. She continued to grow worse till her decease. About a week after my first visit, delirium came on, which was mitigated by the use of ammonia during the day, and morphia at bedtime to secure sleep. For four or five days before her death she passed her urine involuntarily; her tongue was dark and dry, and pain was felt over the cæcum. On the third day before she died she emitted a strong ammoniacal odour; and I perceived a dusky reddish-brown eruption upon her, resembling the eruption in ship fever. At last, subsultus came on; then coma and dyspnoea, and she expired on Friday morning, the 25th. Throughout her disease, her urine was scanty, and darker than natural, and twice she was attacked with epistaxis. Her bowels were never moved except by an aperient."

The interesting point in the above case, which was visited by Dr. Coale three times in consultation with Dr. Harlow, is that a case of ship fever, which it undoubtedly was, should have occurred without any possibility of contagion having anything to do with it, in a remarkably elevated, open part of the city, and in a well-ventilated house. The patient had previously been subject to menorrhagia, and had aborted several times, with profuse flooding following.

April 25.—Mercurial Poisoning.—Dr. BACON reported the case, which occurred in the practice of Dr. E. Wales, of North Easton, Massachusetts, and exhibited the stomach of the patient, a boy ten years old; also, reduction tubes containing sublimed mercury obtained from the mucous membrane, and from the contents of the stomach.

The boy was in good health until the evening of Saturday, the 16th inst., when, after a supper of baked beans with vinegar, he was seized with vomiting, and discharged the contents of his stomach. He then retired to bed, and appears to have rested quietly until between 7 and 8 o'clock A.M., when he vomited two or three times, and asked for water, which was given him. During the night, he had passed a fecal dejection in the bed. He complained once of pain in the stomach and bowels; but was easy after the vomiting, and very soon died, apparently of exhaustion. No medicine was administered.

At the autopsy, the stomach and part of the alimentary canal are reported to have been inflamed, and in spots corroded. When Dr. B. saw the stomach, two days afterwards, patches of the mucous membrane along the greater curvature were much corrugated, rather firm in texture, and of a whitish colour. The most disorganized portion was near the right end of the stomach. The whitish spots were surrounded by a broad margin, of a green colour, on its inner border, which gradually passed into a pale brown on the exterior, and finally into the uniform pink colour of the rest of the surface, which appeared normal, or nearly so. The green tinge was probably caused by bile, brought into the stomach from the duodenum, and infiltrated into those portions of the mucous membrane whose vitality was destroyed by the poison, without retaining much of it. The exterior of the stomach was stained green in one small spot, but was otherwise healthy. There was some serous infiltration of the submucous cellular tissue under the most disorganized spot; but little or no thickening of the coats elsewhere.

The stomach contained about f3jss of a thin reddish fluid, of a faint acid reaction, with a few buff-coloured flocculi. A very small amount of mercury was detected by Dr. B., in solution in the fluid, and a larger proportion in an insoluble form, in the disorganized mucous membrane; proving that some corrosive salt of mercury had been taken into the stomach, which acted chemically on the tissue. No other poisonous substance was discovered. It could not be ascertained whether corrosive sublimate, or some other mercurial preparation, had been taken.

April 11. Dr. CHARLES E. WARE reported a case of *Puerperal Mania*.—The subject was a young woman — years of age, frail, and who had been feeble, with some threats of miscarriage during the last months of pregnancy. She was confined March 28, of a feeble child, which was with difficulty made to breathe, and which survived only a few days. She had no secretion of milk. The infant was buried April 4. The mother appeared quite tranquil through the afternoon, and fell asleep in the evening as calmly as usual. In the middle of the night she awoke as if from a dream, or in a fit of nightmare, in a state of great agitation, and her reason entirely gone. Although the catheter was passed, no urine was obtained during fifty hours, and then only one and a half pints. She had no febrile symptoms. Her pulse was at 84. She slept very little. On the morning of the 7th, she awoke with her mind perfectly clear and natural, but in quite a feverish state and with a pulse of 120. Her face was flushed, her skin hot, and her tongue dry. She had a good evacuation from the bowels, and passed her urine naturally. She took food freely, which she had before refused.

This lucid interval continued until 11 o'clock at night, when she again became maniacal, and was much more active in the exhibitions of her insanity than at first; constantly talking and screaming. She had passed no urine since the morning. Her pulse, which had been accelerated during the lucid interval, again fell to 84. During the night she had little sleep. All her feverish symptoms had subsided. She took her food more readily than during the first interval. In the morning, about half a pint of urine was drawn off.

On the 11th, she again had a lucid interval of five or six hours, during which there was again the same febrile reaction as before, and, as before, she again evacuated her bowels and bladder naturally, being dependent upon the catheter and medicine during her insanity. She then again fell into the state

of mania, and continued for five or six weeks gradually recovering her reason, and presenting nothing peculiar in her symptoms.

The points of interest were the instantaneousness of the attack, and the almost instantaneous transitions from mania to sanity, and from sanity to mania; together with the sudden febrile attack on the return of reason; its continuance during the lucid interval, and return to a natural state of the circulation on the occurrence of mania.

April 25. Extensive Cancerous Disease of the Left Extremity of the Stomach.—Case reported by Dr. J. B. S. JACKSON. The patient was a female, thirty-two years of age. Entered the Hospital in December; had been dyspeptic for a year, and had had dysphagia since August; appetite quite good; but the food seemed to be thrown off before reaching the stomach; it would stop, apparently, for a moment or two at the lower extremity of the œsophagus, and, after a little gurgling, a small portion would pass into the stomach, and the rest would be regurgitated. There had been loss of flesh and strength for three months; and, after admission, she became very much reduced. Disease of the stomach was, of course, thought of, but as no tumour was ever felt in the epigastrium, a probang was introduced; this, at first, seemed to pass into the stomach, but, on farther examination, it was decided that it entered a very little way, if at all, into the organ, and that there was, probably, a mechanical obstacle at the cardiac orifice. There was much pain at the epigastrium; and, towards the last, an entire loss of appetite.

On dissection, the whole left extremity of the stomach was destroyed by foul, dark cancerous ulceration, the disease involving the lower extremity of the œsophagus. The fundus and body of the uterus were infiltrated with cancerous deposit, the organ thus far being thickened, though not apparently enlarged; cervix and os uteri healthy. Similar disease was found, to some extent, in the lungs and bronchial glands.

Dr. J. reported the case more particularly for its bearing on the diagnosis of stricture of the œsophagus. Some years ago he examined a case of encephaloid disease, not of the left extremity of the organ, but of the cardiac orifice, and which had been mistaken for stricture; the patient experiencing considerable relief from the probang, probably from its breaking down the soft masses that obstructed the passage.

Excision of the Shoulder-Joint for Caries.—Dr. J. MASON WARREN. The patient was sixty years of age. Three years ago, the disease first manifested itself by a pain in the shoulder-joint. Within the last year, swellings have occurred about the middle and outer part of the arm, which being opened gave issue to a large quantity of pus. Other collections of pus afterwards appeared on the inner side of the arm, and over the pectoral muscle. Explorations by means of a probe, through these apertures, did not discover any dead bone. In the mean time, the motions of the shoulder-joint had gradually become almost abolished, and the pain and great purulent discharge were wearing out the patient's constitution. About four months since, Dr. W. made an incision from the opening nearest to the shoulder-joint, towards the head of the bone, where he suspected the disease was situated. By this incision, a small portion of the os humeri was exposed, in a carious state. The wound was kept open, and the free exit of pus afforded some temporary relief. The carious portion of bone detected being so small, and anchylosis having partially taken place, it was hoped that the cure might be ultimately effected in that way. After waiting a month with-

out an improvement of the symptoms, the patient was etherized and the previous incision enlarged. It was now found possible, by the free exploration afforded by etherization, to examine fully as to the amount of disease. From half to two-thirds of the os humeri was in a carious state, and the glenoid cavity in the same condition; at the back part of the joint, false ankylosis had taken place. No hesitation was now felt as to the necessity of an operation, especially as the patient's health was becoming seriously affected from the profuse discharge and irritation. The operation was as follows: A triangular flap was raised from the shoulder, so as to expose the head of the bone. The strong adhesions between it and the socket were next cut through, which, with a little dissection, allowed the head of the bone to be turned out and sawed off by means of a small handsaw. The socket, being similarly diseased, was next removed by the cutting-forceps. Two or three sutures, with adhesive plaster, brought the edges of the wound into apposition. The patient has since done well. The strength of the arm and its natural sensations have been restored, and he is able to employ it in many of the necessary duties of life. The discharge from the various sinuses is gradually decreasing, and the large cavity, left by the removal of so extensive a disease, has filled up by granulation. His health is excellent. It is possible that, from the long continuance of the disease, exfoliations may still take place; but all the symptoms, at present, indicate ultimate recovery.

May 9. Perforation of the Intestine in a Case of Simple Diarrhoea.—The case occurred in the practice of Dr. EZRA PALMER, Jr. A female, aged thirty-nine years. The diarrhoea came on two months before death, having been preceded by dyspeptic symptoms, obstinate constipation, and general debility. The discharges were generally liquid, bilious, and without mucus or tenesmus; occasionally colorless mucus, with tenesmus; never much pain; confined to bed. Perforation took place four days before death; marked by a sudden attack of severe pain, with excessive prostration.

On dissection, there was found a large effusion of pus in the abdominal cavity, with some serum; omentum very red. The large intestine contained much fecal matter, notwithstanding the diarrhoea; and was very extensively ulcerated from the caecum to the commencement of the rectum. To a considerable extent very little mucous membrane remained. No thickening, nor induration of submucous cellular membrane; much burrowing of ulcers, muscular coat clearly dissected where exposed. Almost no discoloration. Remaining mucous membrane apparently quite healthy. The perforation was in the arch of the colon, and a line or more in diameter. Small intestine healthy. Liver fawn-coloured, and quite fat, though not enlarged as usual. Lungs not tubercular.

The occurrence of perforation in a case of simple diarrhoea would hardly enter into our calculation in giving a prognosis.

Remarkable Closure of the External Orifice of the Ear.—Reported by Dr. CABOT. The subject of this affection is about twenty-three years old. When a young child, there was some trouble at the external orifice of the left ear, for which an application was made which caused great soreness, &c., after which the orifice of the ear became completely closed: there has been no power of hearing on that side, since; occasionally, there has been pain and uneasiness there. On examining the external ear, there is no appearance of any orifice, nor any cicatrix or mark, such as one might expect to find, indicating the original position of the orifice; the tragus was very low and

inconspicuous, and the whole lower part of the concha was closed by a tissue whose surface was only slightly depressed, and which was of the same colour and appearance as the parts on either side. On making a sound, by clicking the finger-nails of the thumb and forefinger together, while in contact with the bone near the auditory canal, it was found that the nerve was in good condition, and, taking the tragus for a guide, Dr. C. passed a narrow and sharp knife-blade in the direction of the canal, as nearly as he could judge: after passing the knife in, to the depth of a quarter of an inch or a little more, the cavity of the external ear was reached; the instrument had penetrated the very lowest part; in other words, the tragus had been pulled very low down, as related to the passage. The incision was consequently enlarged by two cuts, one upward and a little forward, the other upward and a little backward; a tent of compressed sponge was then introduced. The hearing was very perfect as soon as the opening was made.

Extra-Uterine Fecundation.—Dr. PUTNAM reported the case of a patient whom he had visited with Dr. GEO. BARTLETT.

She was thirty years old; had been married ten years; had never been pregnant. Menstruation had been regular until the 15th of Nov. 1852. On the 1st of December, she had a sudden and somewhat copious discharge of blood from the vagina.

On the 1st of January, 1853, while making an effort to evacuate the bowels, she was seized with severe pain in the lower part of the abdomen. She fainted, and remained for five hours very cold, with feeble pulse.

March 17.—Has had more or less pain at every fecal evacuation since the first attack. Was quite comfortable yesterday till 7 P.M., when she had a loose dejection, after having taken castor-oil. Suddenly, was attacked with excruciating pain; extreme prostration; pulse at times imperceptible; surface of the body moist and cold; occasional vomiting. Brandy and laudanum were very freely administered, but she remained for fourteen hours in a hazardous condition.

19th.—Abdomen somewhat tender on pressure. A tumour detected just above the pubes. By the vagina, the tumour, apparently the uterus considerably developed, is felt within two inches of the external organs; firm, not fluctuating. Neck of uterus softer and shorter than natural. Very little tenderness to touch. Constant slight bloody discharge from the vagina. Urine scanty; occasionally a retention, requiring the use of the catheter. Areolæ brown; follicles developed; no uterine souffle.

29th.—Has had more or less pain up to this time. Has had salivation, with soreness of mouth and throat; frequent vomiting; is greatly reduced in flesh. Bowels have been freely moved by castor-oil. Pulse 112. The tumour reaches nearly to the umbilicus, and is firm; not much tenderness on pressure.

Os uteri not dilatable; cervix considerably effaced. The tumour feels broader, and has almost a stony hardness.

April 16.—For some days past has had some appetite. Pulse 100; less feeble. Has had several dejections, without pain; but she continues to suffer a good deal from pain in the pelvis and abdomen.

The tumour, which was very firm and prominent above the pubes, is much less distinctly felt there, and, towards the umbilicus, it gives the idea of diminished hardness, or as if a layer of some soft substance had been interposed between the tumour and the parietes of the abdomen. Percussion dull over pubes; resonant on each side. The os uteri is dilatable and more soft; otherwise, the tumour, as felt by the vagina, is as hard and immovable as before.

May 2.—For a few days past, has been rapidly sinking; now, pulse 175. Respiration irregular, and thoracic surface of the abdomen hot; elsewhere, quite cold.

For the most part unconscious. Died, May 3.

Post-mortem examination, twenty-four hours after death. On laying open the abdomen, the tumour was seen to be imbedded in the convolutions of the intestine, its upper portion being a thin fluctuating sac; its lower pelvic portion solid. It was everywhere adherent; and on the first attempt at removal the sac was ruptured, and about twelve ounces of brown liquid poured out, together with semifluid coagula. The solid portion was then separated from the posterior surface of the pelvis, together with the uterus, which was bound down upon it in front; the rectum had been pushed aside and adhered on the left, and both ovaries upon its lower surface. Upon turning up its posterior face, the fœtus appeared lying in the sac, nearly enveloped in placenta. The uterus was four and a quarter inches in length, about an inch and a quarter longer than natural. Width at the fundus, two inches; at the neck, three quarters of an inch. No deciduous membrane existed. The fœtus was about four months; the placenta was larger than is usual at that period.

It was difficult to make a satisfactory *diagnosis*, or to suggest a probable explanation of the most prominent phenomena, viz. the four distinct attacks of sudden and overpowering pain in the abdomen; one attack following coitus, the other three being induced by the effort of defecation. The same is true of the physical signs. External examination showed, apparently, a single uniform tumour; while, by the vagina, a smooth firm surface was felt to extend from the os uteri, as a centre, towards the circumference of the pelvis, without furrow or line of demarcation between the uterus and the tumour, so closely were they moulded together.

Ordinarily, the rational and physical signs of extra-uterine foetation resemble those of natural pregnancy, the differential diagnosis being founded chiefly on the presence of a distinct extra-uterine tumour, while the uterus undergoes certain modifications in size and structure. But this evidence may not be available, as the relative proportions may be inverted, the cyst small and out of reach, and the uterus of considerable size. In the present case, there was apparently no tumour independent of the uterus, no fluctuation or *ballotement*, and not even the imperfect *souffle* that sometimes accompanies accidental growths.

On the other hand, the salivation and sore mouth, the suppression of menstruation, the fulness of the mammæ and enlargement of the follicles favoured the supposition of pregnancy.

The autopsy fortunately cleared up the doubts, and showed the succession of phenomena to have been probably thus: The ovule, by some means, was lodged upon the peritoneum, or within the fold of the broad ligament. It there sent out its filaments, and established for itself a maintenance. No difficulty occurred until the parts were stretched and the union to some extent separated by the straining effort of defecation. One or more vessels were torn, blood effused, and then followed pain, faintness, and prostration, the symptoms of nervous shock. The effusion was probably limited by adhesions. She rallied, and was convalescent, when a repetition of the effort induced a second and more severe attack. Under the effect of these violent shocks, and of the continued local irritation, she gradually failed, and died within five months of conception.

Dr. Putnam added that he should have remarked that the membranes of

the ovum were very distinct, and that the cyst appeared to consist partly of peritoneum, partly of false membrane. In a case of ventral pregnancy which he saw a few years since, the membranes were apparently of the same character. The patient lived till the completion of the full period of gestation.

The placenta, as before remarked, was attached to the region of the sacrum and to the rectum, and had attained an unusual size for the period of pregnancy. In some cases, it has been found upon the stomach, mesentery, &c., and it is a curious physiological fact that the peritoneal surface of any and every organ can supply the place of the uterine vascular apparatus—that, practically, the peritoneum can assume a function, for the discharge of which a peculiar set of organs is exclusively appropriated.

Male Organs of Generation imperfectly developed.—This case occurred in the practice of Dr. B. E. COTTING, of Roxbury. The child had been regarded as a female, and when it was about two weeks old Dr. C. was called to operate upon it. The glans penis only appeared externally, surrounded, except on its under surface, by a pretty well-developed prepuce. Beneath the glans was seen the orifice of the urethra, which might be mistaken for the entrance to a contracted vagina. Beneath the urethra was a well-marked raphé, and on each side of this a loose fold of flesh, the testicles being felt at the external ring. The child has recently died of pneumonia, at the age of about three months, and the specimen was sent to the Society.

May 23. Fluid Congenital Cataract.—Dr. WILLIAMS reported two operations on a boy about nine years of age, who had never enjoyed any vision. The cataracts were of very large size, so that even when the pupil was largely dilated by atropia, no clear space existed between the circumference of the lens and the margin of the pupil. When the capsules were incised by the instrument, their milky contents were at once discharged, not even a nucleus of harder lenticular substance being perceived. The capsules were extensively divided, and the next day both pupils were found almost entirely clear, only slight turbidity remaining at the bottom of the anterior chamber. No inflammation occurred, and he was able at once to commence learning to distinguish objects by his eyes instead of by touch.

Prolonged Dilatation of the Os Uteri; with Protrusion of the Membranes; unusual Delay of Delivery.—Dr. STORER read the account of the case, sent to him by Dr. C. KOLLOCK, of Cheraw, S. C. The following is a condensed statement, taken from Dr. K.'s letter:—

On the 2d of November, 1852, Dr. Kollock was called to visit a young woman, sixteen years and four months old, about seven months advanced in her first pregnancy, and threatened with miscarriage, having had pains for several hours previous to the accoucheur's visit. The pains, when first observed by Dr. K., were "strong and regular;" examination, *per vaginam*, detected "no dilatation whatever" of the os uteri. Anodynes, in large doses, with sinapisms to the back and to the abdomen, were ordered. No perceptible effect from the remedies for more than an hour, and during that space of time the pains increased much in violence, and became more frequent. When the remedies began to act, the patient became easy and disposed to sleep. A second vaginal examination detected the os uteri dilated to the size of a quarter dollar, the membranous bag protruding half an inch, and presentation of the head made out through the membranes. Patient now slept soundly for from four to five hours; awaking, she was entirely free from pain, and wished to

leave her bed. Vaginal examination at this time found dilatation of the os uteri and the protruding membranes the same as at the previous trial. The patient was left in charge of a nurse, with directions to summon Dr. K. on any return of the pains.

November 4.—Visited patient, unsummoned. No pains; comfortable, except for constipation, referable to the anodyne remedies; a mild aperient directed. Examination, *per vaginam*, found parts and contents *ut antea*. Dr. K.'s visits were now made every few days, with the intention of closely watching for any change in the interesting state of things.

12th.—“Patient sitting up, at work; walks about the house; free from pain; appetite and digestion good; no difficulty in evacuating the bowels or bladder; os uteri and membranes unchanged.”

22d.—“Patient not so comfortable; no uterine pains, but is troubled with constipation and a difficulty in voiding urine caused by pressure of the uterus on the neck of the bladder and on the lower bowels. Elevated uterus a little, and applied an ‘abdominal supporter,’ which had a happy effect; no change in os uteri and membranes.”

December 2.—“Patient feels perfectly well in all respects. Vaginal examination detects no change.”

11th.—“In all respects as on the 2d inst.”

19th.—“Patient quite comfortable, with the exception of some difficulty in locomotion, which, strange to say, had not existed at any time previous; some little pain in the back.” Os uteri and membranes same as on the 2d of November.

26th.—“Was called to patient about 4 o'clock P. M.; pains very slight; no increase in the dilatation of os uteri; membranes the same.”

Dr. K. concluded to remain with his patient, believing her to be at her full time. In the course of an hour, the pains became strong and regular; the os uteri dilated rapidly. “In exactly two hours from the time of feeling the first pain, she was delivered of a fine healthy child.” Placenta came away in thirty-five minutes from the expulsion of the infant.

“The mother has been perfectly well since the birth; the child is as healthy and fine-looking as the generality of children of its age.”

Dr. K. adds his declaration that he is positive no change took place in the state of the os uteri from the 2d of November to the 26th of December, the day of birth; unless, indeed, there were changes between the examinations *per vaginam*, which he considers not at all probable. At each examination, Dr. K. was very careful to ascertain whether any change had taken place, and he could never detect the slightest. Reference is made by Dr. K. to Cazeaux, Ramsbotham, Dewees, and Lee, as affording him “no satisfactory solution of the problem” which, he considers, the case presents. “Dr. Hodge, of Philadelphia,” adds Dr. K., “speaks of *atony of the uterine fibres produced by anodynes*; but why (if such be the explanation), should it continue so long, and then action recommence just at the proper time?”

[Dr. MACKINTOSH, quoted in BLUNDELL'S *Principles and Practice of Midwifery* (English edition, p. 104), says: “The rule, in practice, is not to leave the patient after the os uteri is dilated to about the size of a crown piece; but I have seen it as open as that a fortnight before the delivery, and once at the seventh month of pregnancy, though the child was carried the full time. In this case, even a little of the liquor amnii was discharged. At the eighth month, I have found the os uteri open to the size of half a crown, though the labours did not come on till the full time. When, in addition to the os uteri being thus much dilated, the pains are full and strong, the patient must not be left.”]—Secretary.

Incomplete Fracture of the Tibia and Fibula.—Dr. GRAY related the case, which occurred in the person of a child, six years old, who was standing on an iron rail-fence, and, in trying to jump down, was caught by the heel and left hanging in that position: he was seen by Dr. G. in fifteen minutes after the accident; the leg was much swollen; no crepitus heard; fomentations were applied, and the limb could afterwards be moved by the patient. It was supposed that there was effusion into the soft parts; subsequently, there was visible deformity; splints were applied for ten days, when the leg was found to be nearly straight; there is now only a slight unevenness of the tibia perceptible.

Dr. Gray referred to the Appendix to the American edition of Sir A. Cooper's work on Fractures and Dislocations, for remarks upon similar cases, under the title "Incomplete Fracture."

Dr. JACKSON mentioned a case of partial fracture of the rib; the outer table being broken, the inner, not; also one case wherein the fracture was *vice versa*; the same thing has been observed in the clavicle.

Dr. COALE spoke of the recuperative power of nature in setting these bent bones straight; instancing a case of a boy's arm, thus affected, and which the boy's father would not allow to be set or touched by Dr. C.; it, nevertheless, came to be perfectly straight.

Dr. Gray suggested that manipulation by the father's hands might, in this instance, have brought the limb straight, and then the bone was probably firm enough to keep it in the right position.

Dr. PARKMAN mentioned a similar accident occurring to a stout boy of seventeen years, who was carried round a revolving cylinder; the bones of the forearm were bent at an angle of 45° , and could not be straightened by bending them, conversely, over the knee; a splint partially remedied the difficulty.

Dr. C. E. WARE related a case, observed by him in a child of four years; nature did not remedy the deformity; the bones remained curved.

Dr. COALE thought that the muscles, at that age, might have sufficient power to retain the bones in a bent position.

June 13. Operation for Cataract on a Patient aged eighty-eight.—Dr. WILLIAMS mentioned an operation for soft capsulo-lenticular cataract on one of the oldest citizens of Boston, a gentleman upwards of eighty-eight years of age. He discovered the existence of cataract in his left eye, more than twenty years since; finding, on waking one morning, that he could not see with this eye. The right eye continued useful till a short time since; but, within a few weeks, cataract has formed and vision has been lost.

An operation was performed on the left eye about the middle of March. As the lens did not offer sufficient resistance to the needle to admit of its being displaced, it was broken up, and the opaque portions of the capsule were removed, as much as possible, from the field of the pupil. No inflammation followed; his usual habits were so little interfered with that he was able to smoke his cigar every day after the operation, and the fragments of the lens rapidly disappeared by solution in the aqueous humour.

A secondary operation was performed two months after the first, for the removal of a small portion of the posterior capsule which prevented distinct vision. Six days from this time he could see, with the aid of glasses, as well as ever, being able to read the ship-news, or the finest print of a newspaper, with perfect readiness.

The rapidity with which the lens was absorbed, at the advanced age of the patient, and the perfect result, notwithstanding the long disuse of the retina, render the case interesting.

Singular reputed Origin of Gonorrhœa.—Dr. DURKEE reported a case of gonorrhœa, principally on account of the reputed manner of its communication to the patient, who was a young married man, whom he had attended for a cutaneous affection during the past winter.

On the 31st of March, the patient complained of a discharge from the penis, of slight scalding on passing urine, and of an itching sensation at intervals, which had continued for the twenty-four previous hours.

Upon examination, Dr. D. stated to the patient that the discharge and the other symptoms connected with it were such as persons usually experience after intercourse with females of bad character; in other words, that he regarded the case as one of gonorrhœa. The patient replied that he did not see how this could be; his wife was in perfect health, and he had never had intercourse with any other female. Dr. D. adhered to his opinion, and told the patient that he should prescribe as in any other case of gonorrhœa, and await the result; and added that physicians did not recognize but one way in which the disease could be communicated. The patient stated that a few hours before he discovered the discharge from the urethra, he had sexual intercourse with his wife: in about a week after this, she also had the same trouble, thus proving that the disease was gonorrhœa, and it was treated accordingly.

At the second visit, the man stated that he had made known his condition to his brother, who was somewhat younger than himself, and had been troubled with gonorrhœa for some time, and that on the evening of Tuesday, the 22d of March, he attended a ball, on which occasion he wore the elder brother's pantaloons, which he took from a closet without permission, and, returning late at night, hung them up again in their place. On the following Thursday morning, two days after the ball, the elder brother put on the infected pantaloons, and thus he explained the origin of his urethral discharge. The question is as to the truthfulness of this; and whether the laws which govern the action of animal matter, so far as we know them, are positively, and without any possible exception, entirely opposed to the explanation given by the patient?

Nothing is more common than for a man, with the disease in question, to deny having been exposed so as to take it in the usual way; it is almost a by-word among the profession, that such a denial is a strong evidence which we bring against the individual in forming our diagnosis; in this instance, however, Dr. D. was inclined to receive the statement of the patient; and he presented the case in order to elicit the opinions of the members of the Society as to the communicability of the gonorrhœal virus in any other way than the ordinary mode; he, therefore, requested to know their experience in this matter.

Dr. HOMANS remarked that several years ago he had a similar case, and he had reason to believe that the disease was contracted without sexual intercourse.

Tubercular Meningitis complicated by intercurrent Measles.—Dr. STORER reported the case. A little girl, five years of age, on the 27th of May last, fell from a chair, striking the side of her head against the foot of a table. She made so little complaint that her mother did not deem it necessary to apply for medical advice until the 30th of May, when Dr. S. was called. He found her quite stupid, with an accelerated pulse; hot skin; constant motion of the head, and of the hands to the head; intolerance of light, &c. &c. The symptoms became gradually aggravated until the 8th of June, when a well-marked eruption of the measles appeared. Upon their presence, the

child appeared less stupid, somewhat conscious, could more readily distinguish those about her, and the family were much elated at her revival. She appeared better during this and the succeeding day, but relapsed and died on the 9th inst.

At the *post-mortem* examination, which was performed by Dr. Charles D. Homans, the vessels of the dura mater were found distended with liquid, dark coloured blood; those of the pia mater also were much congested; considerable lymph was noticed along the course of the vessels, most marked on the left side of the anterior lobe of the cerebrum. Substance of the brain was also much congested.

Ventricles considerably distended with clear serum. At the base of the brain much lymph existed about the pons varolii. In the fissure of Sylvius, on each side, the pia mater presented a sanded appearance, being sprinkled with whitish minute granulations.

In the centre of the left lobe of the cerebellum was a tuberculous mass, the size of a pea, yellowish in its centre, easily enucleated, and encircled by a border of inflamed cerebral substance.

As there was no tuberculous predisposition in this case, Dr. Storer thought that the rapidity with which the tubercles seemed to be developed, strongly favoured the theory of their being dependent upon inflammation.

Dr. CHARLES E. WARE alluded to a case of strongly marked cerebral symptoms simulating meningitis in a child five years old, where they appeared to depend upon a slight erythematous affection of the face, imperfectly developing itself. There was great restlessness, high fever, extreme dilatation of the pupils and insensibility, with blindness to light; incessant rolling of the head from one side to the other. These symptoms lasting five or six days, and subsiding on the appearance of a full eruption, from croton oil, on the back of the neck.

Dr. STEDMAN reported the following case: On the 4th of June, he was called on by Coroner Smith to visit a child, a year old, who had just died under peculiar circumstances.

It appeared that the infant had been left asleep on the bed by its parents; that while they were in an adjoining room, it had crawled to the edge of the bed, near which, on a small table, stood a pint crockery bowl. It is supposed that in the act of falling the child reached out its arm and struck the bowl to the floor, and then fell upon the bowl; a triangular piece of which, resting in a vertical position on its semicircular edge, entered the cavity of the chest on the left side, above and parallel to the clavicle, where a wound was found of about an inch and a quarter in length, dividing important bloodvessels; the hemorrhage from which caused the immediate death of the child.

Morbid Growth on Sclerotic.—Reported by Dr. BETHUNE. Julia —, aged 15, four years ago first observed a small dark point at site of present disease.

On examination, half way between inner angle of left eye and margin of the cornea is seen a circular dark-brown spot in the substance of the sclerotic, of the size of the head of a large pin, and having the appearance of enamel, imbedded, but not raised, above the surface. It has very slowly increased from the time it was first perceived, and, after unusual exertion of the eye, she is sensible of slight pain at this point.

Nævus over the Knee-Joint.—Reported by Dr. J. MASON WARREN. This case Dr. W. related on account of its peculiarity. The nævus was of a black colour, situated over the inner part of the knee-joint below the patella. Until within two years, the tumour had been about the size of a dollar, but since then, a supplementary tumour has appeared underneath the original one, not soft, as is usually seen in these cases, but quite hard, and extending for some distance into the adjacent cellular membrane and apparently attaching itself to the synovial capsule. The whole tumour had also become extremely sensitive, so that even the contact of his clothes caused much suffering, and he was quite disabled from attending to business. It was impossible to make any satisfactory examination, the patient dreaded so much the slightest manipulations. He was dieted, and kept in the horizontal position for a few days, an evaporating wash being externally applied. This had the effect to relieve the tenderness in a slight degree. The whole tumour was now congealed by means of a freezing mixture of pounded ice and salt, then very freely cut up by a subcutaneous section of the hard basal tumour. The operation was entirely painless, and no unpleasant symptoms ensued. The vicinity of the knee-joint of course precluded any operation for the excision of the tumour. The above subcutaneous section was, therefore, once or twice repeated, and resulted in the absorption of a large part of the tumour, and diminished the sensibility so that it could be handled without suffering. He left the Hospital at his own request; otherwise, by a repetition of the above means, the complete destruction of the tumour would have been effected. Dr. W. showed a cast of the knee-joint, made by Mr. now Dr. Lane, of the Hospital, with the tumour coloured according to nature.

Dr. W. also showed another nævus in an ulcerated state, which he had lately removed. It was situated on the upper part of the calf of the leg. The patient was twenty-six years of age. Two years ago, the tumour had been injured, which was followed by much hemorrhage. In spite of treatment it had since remained in an ulcerated state. The skin around it was much inflamed, and, at times, very painful. It was removed by two elliptical incisions without any great bleeding.

Impalement upon a Pitchfork-handle, entering per Vaginam: Recovery.—Dr. SARGENT, of Worcester, reported the case, which had occurred in his practice nearly two years ago. A lady, of about 37 years of age, who had borne several children, the last about three years previous to the injury about to be mentioned, and whose last menstrual period had been about a week before, her bowels also being in good lax condition, in sliding down from a hayloft, impaled herself upon the handle of a pitchfork, which passed in at her vagina to the length of twenty-two inches, when her feet struck the ground. The handle was immediately withdrawn, the patient carried into the house, and Dr. S. sent for. He found the patient, half an hour after the injury, lying on her back, with the thighs flexed, and the skin cool, pale, and moist (as if from fright), and the pulse not much accelerated. There was no external injury, and no physical evidence of effusion into abdomen or thorax, and no urine nor feces on the garments, nor about the person, nor on the field of the accident, nor on the handle of the fork. There was some blood flowing from vagina. Patient passed water during the visit, and it was not stained with blood. She complained most of pain in the left thorax, on a line with the scapula. Dr. S. saw the handle of the fork, which was rounded, a little larger at the end than elsewhere, perfectly smooth, two inches in diameter,

and showed distinctly the stain of blood up to an abrupt line, twenty-two inches from the end.

Dr. S. theorized, in this case, that the instrument must have perforated the vagina at its upper part to the left, and gone between the uterus and rectum. [If it had gone to the right, it would have perforated the cæcum.] The form of the instrument would make it much easier for it to pass between than to perforate organs, and Dr. S. supposed that it passed in front of the kidney, behind the spleen and between the diaphragm and false ribs, peeling up the costal pleura till it reached the scaleni muscles. The subsequent history of the case, which showed a fracture of the first rib, while, also, there was at no time any effusion into the chest, proved this diagnosis correct. Supposing that the greatest safety of the patient was in what might be called *forced rest*, Dr. S. gave her one grain of morphia (by estimate), and bound her chest firmly with a broad bandage of new flannel, placing a towel, wet in cold water, between this and the skin. The morphia was repeated in an hour, and one-third of a grain three hours after. Patient passed water repeatedly in first twenty-four hours, without trouble and without blood, and passed coagula from the vagina. The day following, there was emphysema above left clavicle; and, the day following, crepitus in left axilla high up, as if from fracture of bone. There was at no time any evidence of pneumonia or pleurisy, though there was deficiency of respiratory murmur in left chest from the pain in its expansion, the percussion remaining good.

The pulse stood at 120 for several days, and the opiates were continued about as long.

The injury was inflicted the 7th of August, 1851, and Dr. S. was in daily attendance for nine days; and, occasionally, afterwards, for three weeks. The recovery was entirely favourable, the patient being left only with an ill-united fracture of the first rib, over which there was some painful swelling for several weeks, which ultimately subsided, leaving an osseous prominence in the supra-clavicular region, in intimate relations with the scaleni muscles.

Yellow Vision in Icterus.—Case reported by Dr. LYMAN. This symptom occurred in a married female, æt. 35. Has had duodenal dyspepsia for six months. Patient first seen May 24. Complained of severe epigastric pain, nausea, constipation, headache, and general *malaise*. Appeared, at that time, very slightly jaundiced. Coloration gradually deepened until 30th, at which time the whole surface was of an intense yellow, urine highly coloured, feces very pale, no cerebral symptoms. Patient complained, for the first time, that the linen bedclothes looked yellow, and that everything in sight appeared either yellow or covered with bright yellow spots. A close examination revealed numerous yellow patches, of the size of pins' heads, upon the irides, and a rim, not more than half a line in width, of enlarged vessels encroaching on the circumference of the cornea. Aqueous humour *apparently* clear. This state of the vision continued between two and three days, and then rapidly disappeared.

It is well known that the occurrence of this symptom has been denied by Mercurialis, Haller, Heberden (who calls it a poetical fiction), and Chapman. [*Vide* Copland, article Jaundice.] Frank found it present in five only out of one thousand cases. Neither Andral, Grisolle, Desmarres, nor Wharton Jones, allude to it. Mason Good, however (vol. i. 203), describes it as having occurred in his own person, and his American editor cites several cases on the authority of Hoffman, Dr. James, Alibert, Dr. Pemberton, and Dr. Elliotson. Some valuable pathological remarks on this subject, by the late Dr. Graves,

of Dublin, may be found in the first volume of *Stokes and Bell*, p. 522. Considering the extent to which all the secretions [excepting the mammary] are tinged in jaundice, the only wonder would seem to be that the phenomenon should not be of more common occurrence.

Anencephalous Fœtus.—Dr. WILLIAMS exhibited a female anencephalous fœtus of about seven months, presenting the usual characteristics of this imperfect development. The patient was a primipara. The malformation was attributed, *by the friends*, to her having witnessed copious secondary hemorrhage after operations upon a young woman for the removal of erectile tumours of the ears.

Foreign Substance in Cornea during one Year; Anterior Chamber penetrated; Aqueous Humour discharged, and Surface of Iris wounded; Recovery.—Reported by Dr. BETHUNE. Samuel L., carriage-maker, one year ago received a piece of steel in left cornea, which has remained there ever since. The eye has been weak, but he has been able to work from time to time.

On examination, a small cretaceous mass covers the ulcer of cornea. On removing this, the fragment of steel is seen lying perpendicularly nearly through the whole thickness of the cornea, near lower edge of pupil. It was removed with considerable difficulty with a curved needle, but in accomplishing this, the anterior chamber was penetrated and the aqueous humour discharged. The surface of the iris was touched by the projecting fragment and slight bleeding followed. The after-treatment was simply a saline cathartic, cold applications, strict rest and diet, with the daily application of stramonium.

Two days after his admission to the Infirmary, he was discharged at his own request. He declared the sight to be as good as it ever was. The anterior chamber had not yet entirely recovered its normal size, and a small opacity remained around wound of cornea. Pupil partially dilated by stramonium.

June 27.—Pericarditis, Hypertrophy and Dilatation of the Heart; Pleurisy; Death from a Copious Effusion into the Right Pleural Cavity.—Reported by Dr. G. C. SHATTUCK, JR. A delicate youth, æt. 17 years, entered the Massachusetts Hospital, March 28, 1853. He had been suffering from cough, shortness of breath, weakness, pain of the left side for six weeks, and had taken codliver oil. The heart was found beating at the scrobiculus cordis; there was a marked prominence of the cartilages of the sixth and seventh left ribs. The left thorax measured one foot three inches, the right, one foot four inches. Strong impulse of heart, flatness over fourth, fifth, sixth, and seventh ribs, and from middle of sternum to the back, which was flat below the spine of the scapula. Bronchial respiration and ægophony in the same region. Both sounds of the heart distinct at the base, replaced at the apex by a strong soufflé. Pulse 82, quick, regular. He reported his general health as good, no long illness; an occasional stiffness of the knees the principal infirmity. He was blistered and put upon a course of alteratives, diaphoretics, and anodynes. There was improvement generally and locally. The respiration was heard at the point of the right scapula on the 4th April; and still ægophony on the 6th. He was very reluctant to keep his bed, and on the 11th, after exposure to cold, he was attacked in the night by pain in the left side, and increased dyspnoea. The physical signs of increased effusion were present. On the 13th, the heart was still found beating at the scrobiculus cordis. There was a loud smooth murmur with the first sound over the lower left chest, but over the

base of the heart, the murmur followed the second sound. On May 4th, the following sound of the physical signs was made—one distinct sound followed by a loud and smooth murmur; pulse 94. On the 14th, he had another attack of pain and distress after exposure to cold; dulness of bronchial respiration over left lower back was noted on the 16th. On the 18th, flatness at point of left scapula. On the 23d, a crepitant rale was heard distinctly over the lower left back, and there were one or two pneumonic sputa. These disappeared with general improvement. On the 1st of June, he complained of swelling of the feet. He was disposed to sit up and to walk about as much as possible. June 6th, another attack; flatness, bronchial respiration, ægophony over lower right back. This did not yield to blisters; diaphoretics and alteratives exhibited as far as the strength of the patient admitted. There was still dulness and feeble respiration over the left lower back; inclination to diarrhoea. On the 24th, he could not lie down on account of the dyspnoea, suddenly aggravated, and he died on the 25th.

At the autopsy, the right thorax was filled with a straw-coloured serum, the lung somewhat compressed, but easily distended by air; free from adhesions. Slight adhesions of left lung; splenification of lower lobe. Hypertrophy and dilatation of heart quite marked. Several layers of false membrane between pericardium and heart. Insufficiency of aortic valves, which were thickened, smooth, and pale. Auriculo-ventricular valves not remarkable. Redness of lining membrane of right auricle. The organs in the abdominal cavity were examined. The gastro-intestinal mucous membrane not remarkable for colour or consistence.

The murmur in this case must be attributed to the insufficiency of the aortic valves, caused not so much by disease of their lining membrane, as by the abnormal situation and hypertrophy of the heart. The patient was killed by the rapid effusion into the right pleural cavity, but the pericarditis and pleurisy were the assigned diseases, to the effects of which, aggravated by exposure to cold, the subsequent phenomena in the case must be referred. The pulse was always quick and regular, the cough was never a troublesome symptom. He had two attacks of pleurisy and one of pneumonia whilst in the hospital. The effusion into the right pleural cavity, which proved fatal, was not accompanied with signs of inflammation. The patient's life might have been saved, for the time, by puncturing the thorax, but it could hardly have been much prolonged.

Hemiplegia: Rapid Recovery.—Dr. S. D. TOWNSEND related the case: A gentleman, 60 years of age, a large eater, but abstinent, entirely, in regard to liquors, was suddenly seized with hemiplegic paralysis of the right side, while walking on the street; he was observed to drag his right leg, and finally fell at the door of his house; distinct articulation was entirely suspended through the night. Six leeches were applied to the left temple, and an ounce of salts administered the same evening. He could stand and walk the next day, and wished to be driven out in a carriage. On the third day there was no appearance of paralysis remaining.

July 11. Membranous Croup: Recovery.—Dr. STORER read the following account of the case, which was prepared by Dr. WM. READ, of Boston. "The following record of a case of membranous croup is offered to the Society, not so much from any idea that the course pursued presents any new or peculiar features, as from a feeling that the profession cannot fail to be interested in

any mode of treatment which has proved successful in this usually intractable disease.

June 29, 1853.—I was called to see a child four years and three months old, of dark complexion and robust constitution, who had been unwell since the preceding Friday with what its parents called "a worm turn." From the answers I obtained, I was led to suppose that the case was one of irritation in some portion of the alimentary canal, and accordingly prescribed the following: R. Hyd. sub. mur. grs. vj; Jalap. pulv. grs. viij. M. Ft. chart.

30th. He was attacked with great dyspnoea, and unmistakable croupy symptoms developed themselves. With the greatest difficulty I obtained a sight of the fauces, which appeared covered with a coating of lymph over their whole aspect, with a few spots of ulceration here and there. Voice entirely gone. A solution of argent. nit. of the strength of forty grains to the ounce of water was immediately applied by means of the sponge probang, to the whole of the mucous membrane visible, and also as far down the trachea as it could be carried. The withdrawal of the sponge brought up on it a piece of white substance about three-quarters of an inch in length and half an inch in breadth. It was white, of very firm texture, and could hardly be distinguished from a similar portion taken from the coats of one of the large arteries.

For an alternative he was ordered one grain of hyd. sub. mur. combined with one and a half grains of Dover's powder every three hours, and the following mixture in doses of a teaspoonful as often as the symptoms seemed to indicate vomiting. R. Tinct. lobeliae; vin. ant. tart. aa ʒi; tinct. sanguin. can. ʒss. M. Also, as an external application, the following liniment: R. Ol. olivæ ʒi; liq. potass. ʒii; ung. hyd. ʒi. M. To have the room filled with the vapour of boiling water.

July 1, 8 A. M.—Much the same. Breathing no better. During the night had frequent attacks of dyspnoea. Passed the sponge, charged with a solution of argent. nit. Continue other treatment.

1 P. M. Met Dr. Storer in consultation, who advised a thorough trial of the treatment begun. By his consent, Dr. Bartlett's apparatus for producing vapour in a sick room was procured and put into operation.

7 P. M. No change in patient. Applied sponge to throat.

2d. 6½ A. M. Found patient about the same. Dyspnoea not increased. The steam apparatus works well, and the air of the chamber is fully charged with vapour. During the night, patient vomited freely and brought up a considerable quantity of the membrane in shreds. After the application of the sponge, the cough appeared much looser. Continue other treatment.

12 M. Respiration easier. Cough looser. Cannot yet articulate audibly. Speaks in a shrill whistling whisper. May take the powders once in six hours instead of every three hours.

8 P. M. Applied the sponge. Respiration the same as at last record.

3d. 6½ A. M. Patient has passed a comfortable night. Now, there is apparently no difficulty of respiration, but the voice has not returned. Fauces still covered in spots with membrane and patches of ulceration, while the colour of the mucous coat is deeper than natural. Applied the sponge. Continue other treatment.

1 P. M. Respiration good. Is fully under the opiate influence of the powders. Has expectorated, since last visit, a considerable quantity of very tenacious muco-purulent substance, in which are to be seen comminuted shreds

of membranous matter. Cough loose. No dejection since July 1. May have a dose of castor-oil.

4th. 6½ A. M. Has passed the night free from dyspnoea. No dejection from medicine. Gums show that mercurialization has taken effect. Omit powders until night. Throat almost free from membranous deposit. Two ulcers only remain, at the edges of the uvula. Applied the sponge. Repeat cathartic.

5½ P. M. Remains comfortable. No appearance of lymph in throat. Mucous membrane has almost recovered its natural hue. Tongue begins to clean. Circi is a little stronger. May have powders through the night. Appetite begins to return. Dr. Phipps present at this visit. Mucous râle can be heard over whole extent of both back portions of the lung.

5th. 7 A. M. Still remains comfortable. No return of dyspnoea. Throat clear from lymph. In the left lung the mucous râle is still to be heard; in the right it is not so evident. No roughness beyond what is natural can be detected in the region of the larynx. No dejection yet.

6th. Condition still improving. Tongue nearly clean. Ulceration on uvula fast disappearing. Membrane of the throat looks healthy, and of a natural colour. May have senna tea enough to produce free catharsis.

7th. Senna operated well. Patient is apparently well. Voice pretty strong, although it has yet a roughness and a tone that seems to be peculiar to the disease.

Ceased attendance.

Throughout the whole time of treatment, the pulse has maintained its natural rate, and the skin has been moist and free from fever.

The above is submitted with the single remark that the influence of the vapour upon the respiratory function was evident and highly beneficial. As long as the air of the room remained fully charged with steam, the breathing was comparatively easy and the cough sounded loose. Whenever the amount of moisture grew small from the subsidence of the heat under the boiler, the opposite condition was immediately noticed. Indeed, this was so evident to those who had the charge of the little patient, that no precaution was needed, on my own part, to insure an ample supply during the course of the treatment.

Tubercular Disease: Crepitous Râle at the Base of the Lungs.—Dr. BOWDITCH alluded to two cases of evidently tubercular disease, recently seen by him, and in which he noticed the rare phenomenon of an explosion of fine crepitous râle towards the base of the lung. He had seen a few such cases during the past ten years. Sometimes the râle disappears after a few weeks. Generally, however, it lasts without change for several weeks, or even months; and, according to Dr. B.'s experience, cavities gradually form in these parts. At times, this râle is the sole physical sign. At others, it is united with the more common ones at the apex. Often it is very local, occupying a space not larger than the palm of the hand. It may, on the contrary, occupy the whole of the lower lobe. It is exactly similar in its characters to the crepitus of pneumonia, and when existing generally in a lobe, it may deceive the practitioner, making him think that acute inflammation actually exists. The rational signs, the non-prostration of the patient, absence of fever and of characteristic sputa, will, however, enable him to decide. In the earlier cases seen by Dr. B. he was thus deceived, and applied in vain the usual antiphlogistic remedies—leeches, blisters, mercurials—without the least change in the sound, or effect on the progress of the complaint.

Frequency of Abnormal Presentations in the same Individual.—Dr. STORER remarked that several years since he reported to the Society the case of a patient, who, in five accouchements, had had three arm-presentations. He had met with no case equally striking until since the last meeting. A few days since, he attended a woman, in her seventh labour, with an arm-presentation. She had previously had two arm-presentations, two foot-presentations, and two presentations of the head.

Dr. S. remarked that the subject had been spoken of by writers upon midwifery, and accounted for by some supposed peculiarity of the pelvis.

Staphyloraphy.—Dr. J. MASON WARREN. Dr. W. said that during the last few months he had operated on four cases of fissure of the soft and hard palate, in which the separation of the bone was very wide, and the soft parts were, with much difficulty, made to reach across the gap. After the union of the soft palate, the hard palate, alveolar processes, and teeth had been supplied artificially, and the voice, in some of these cases, was as much improved as in some instances after a perfect union of a simple fissure in the soft palate. He had found that, if sufficient union was effected low down, so as to restore the arch of the palate, the adaptation of an obturator to the remainder of the opening was efficient in improving the speech; so that no cases need be rejected on account of the width of the fissure if the smallest chance existed of bringing the most movable portion of the soft palate in contact. Dr. Dixon, dentist, in Winter Street, had very skilfully arranged the artificial palate and teeth. A small bit of vulcanized India-rubber was fixed to the back part of the plate where it comes in contact with the soft palate, the better to prevent the passage of air.

Fissure of the Cerebrum by Contre-Coup.—The specimen was exhibited to the Society by Dr. CABOT, who saw the patient in consultation with Dr. E. A. W. HARLOW, who sent the following account of his attendance:—

He was called to the patient on Tuesday night, July 5, at 10 o'clock, about thirty hours after the reception of the injury received. Two or three questions addressed to him by Dr. H. were readily answered; subsequently there was disinclination to reply. Dr. H. learned that the patient had been kicked in the abdomen, and afterwards knocked down, on the 4th of July. When he fell, the back of his head struck the pavement; he shrank from pressure made over the stomach; no convulsion observed and no paralysis evident; both pupils immediately contracted, without appearance of pain, when a light was held near to them; pulse 56, moderately full, rather feeble.

On Thursday morning, July 7, patient appeared perfectly rational, and answered Dr. H.'s questions without hesitation. On inquiry, slight indistinctness of sight, and some difficulty in hearing were complained of; pulse 48.

Friday, 8th, indisposed to answer questions; pulse 56.

Saturday evening, 9th, there was a change in the symptoms; it was reported that the patient had passed a better night than he had since the injury, but that in the course of the forenoon he became more delirious than previously; the pupils did not contract under the influence of light; the skin was hot; pulse 120, but not hard; his bedroom was excessively hot.

Sunday morning, 10th, Dr. CABOT saw him in consultation; at 12 o'clock, M., death occurred.

Treatment.—The administration of cathartics; the application of cold to the head; the occasional use of ammonia when great debility was manifested; and, on one occasion, an opiate, to procure sleep.

The wife of the deceased states that he vomited everything taken into his stomach for the first two or three days, and then the vomiting ceased; that he often complained of pain in the head; that he was delirious almost all the time, and that the neighbours said he had *the horrors*; that he got little or no sleep; and that it was with great difficulty he could be prevailed upon to take any nourishment.

Dr. CABOT added the following account of the state of the patient at the time of his visit, and gave the results of the *post-mortem* examination, which was made by him:—

When first seen by Dr. C., the patient was lying on his back, breathing very rapidly (panting), the respiration accompanied by a coarse crepitous r  le, so loud as to be heard across the room; the face was livid; the pupils of the eyes dilated, not influenced by light; pulse very quick, and small, and feeble; hands cold; when questioned a response would sometimes be given by pressure of the hand. Death occurred four hours after this visit.

Post-mortem examination, twenty-four hours after death. Externally, well-developed; moderately fat; a slight cut on the upper lip; a bruised spot an inch in diameter over right occipital protuberance, extending through the scalp and slightly colouring the pericranium; skull rather thin. On removing the calvarium, the dura mater was seen to be of an unusually dark purple colour, owing, apparently, to the distended vessels beneath. On removing the dura mater, the external vessels were seen to be very much distended, giving an exceedingly dark appearance to the whole surface of the brain; on top, and a little in front of the centre of the left hemisphere, a dark purple spot, of the size of a dime, was observed, on cutting into which about $\frac{1}{3}$ of dark fluid blood escaped from a fissure extending into the substance of the brain, from the walls of which a reddish-brown colour extended to the depth of one-fourth of an inch, and the part thus coloured and the surrounding part to some distance was found to be very decidedly softened. Under the arachnoid following the lines between the convolution, cloudy serum was seen, in abundance. Lymph was found over the superior and inferior surfaces of the cerebellum. Red points were more than usually apparent throughout the substance of the brain. There was no fracture of the skull.

The point of particular interest in this case is that the fissure was found at a point almost precisely opposite to that at which the blow was received, and without fracture of the skull. Authors, very generally, admit the possibility of this, though none, that Dr. C. has consulted, state the fact to have occurred; they all mention fracture of the skull in almost all parts of its circumference, as not very infrequent from *contre-coup*.

Professor R. D. MUSSEY, who was present at the meeting, related a similar case; the only one of the kind he had ever met with.

Calculi passed per Urethram.—Dr. BACON exhibited three small calculi passed with the urine by different male patients. Two are of an oblong oval shape, and about one-third of an inch in length. They are studded with brilliant crystals, producing a very rough surface, and occasioned great pain during their passage through the urethra. Their colour is a pale buff. Notwithstanding the similar appearance of these two calculi, their chemical composition is entirely different. One is composed of triple phosphate, with a little phosphate of lime and organic matter. The other consists of oxalate of lime, with a very small proportion of phosphate of lime and organic matter. The crystals which stud its surface are nearly pure oxalate of lime. Under a magnifier, their form appears to be octohedral, like the microscopic crystals of this salt

which so frequently occur in urinary deposits. This is the fourth instance in which Dr. B. has examined crystalline calculi of oxalate of lime.

The third calculus exhibited is rather smaller, oval in form, and of a dark brown colour. Its surface is covered with minute tubercles, presenting, on a small scale, the usual appearances of a mulberry calculus, with which it agrees in chemical composition, containing the same ingredients as the second one described above.

Necrosis of Humerus—Amputation. By Dr. J. MASON WARREN.—The patient was 21 years old. Three years ago, after getting wet, he was seized with an inflammation in the vicinity of the elbow-joint, and suppuration ensued. After a time bone was discharged. Other parts of the arm were subsequently attacked, and much bone removed. In the course of the disease the shoulder-joint and the elbow-joint became ankylosed, leaving the hand fixed in strong rotation over the pubes, only a slight lateral action being permitted by the movement of the scapula on the body. Very large sequestra still remained, and from the position of the hand and loss of use of the joints, it was thought that even if all the dead bone was removed, the limb would be left useless. Amputation was therefore decided on. Some difficulty was experienced in fixing on the point for removal. If the section was made above the apertures in the head of the humerus, it would be difficult to get a flap from the inside on account of the size of the new bone, which was forced close upon the ribs, obliterating, as it were, the axilla. On consultation, it was decided to amputate a few inches below the shoulder, removing the sequestrum afterwards. This was done, and a large bit of dead bone forcibly extracted. The axillary artery, from the confined position of the wound, was secured with some difficulty, as had been apprehended.

The patient left the Hospital about four weeks after the operation, much improved in health, and the wound in a healthy condition. Previously to leaving, another piece of bone was removed from the large, box-like cavity which formed the head of the humerus.

July 25. Croup in the Adult.—Dr. JACKSON exhibited the specimen, taken from a woman whom he had examined with Dr. H. J. Bigelow, a few days ago. She was 27 years of age; had had sore throat, to which she was subject, three or four weeks before death, and never got quite over it. On Wednesday, the 20th inst., she passed the evening out, in company, and thought she took cold. On Thursday, there was marked soreness of throat. On Friday, and until death, aphonia and dysphagia; this last being so urgent that she was able to take very little food, and felt, in consequence, very weak; nursing, at the time, a child nine months old. Her husband saw something white in the throat on Saturday; some heat of skin on Monday; was fully dressed on Saturday, but not down stairs after Friday. On Monday morning took tinct. of lobelia from a nurse, and threw off considerable mucus, with much relief to throat; no farther vomiting; the breathing, however, seems never to have been urgently oppressed, nor was there much cough. Slight incoherence on Monday evening, and, about the middle of the night, having nursed her child only half an hour before, she sank without any marked distress, and died.

On dissection, a thick and continuous tube of lymph was found to extend from the larynx, downwards, into the secondary and some of the still smaller bronchiæ; under surface of epiglottis mostly covered with the same, with scattered patches in the pharynx, and upon the upper surface of the soft palate. Two portions of lymph, of considerable size, were found lying loose in the pha-

rynæ, and it was thought that these may have obstructed the glottis, and explained the suddenness of the death at last. With the lymph there was a considerable quantity of viscid mucus, as usual in the croup of children. Lungs healthy; no other disease.

Dr. J. remarked upon this as only the second case of croup in the adult that had occurred here, so far as he was aware; the other case being that of the Hon. Mr. Chapman, late Mayor of the city, and in whom the disease was complicated with erysipelas.

Strangulation of the Intestine by the Appendix Cæci.—The case occurred in the practice of Dr. H. M. LINCOLN, of Westminster; and the specimen, which was exhibited, was brought from the country by Mr. J. L. WHITE, one of the house-physicians of the hospital. Mr. W. also sent the following history of the case:—

The patient was a female, æt. about 40. About two months before her death she was thrown from a carriage, and injured so severely as to be confined to bed for four or five weeks. About six weeks from the time of the accident, and when she was quite feeble, she rode between two and three miles over a rough road, and in a wagon, the body of which set directly upon the axletree. At the time, she complained much. After returning from her ride, she again took her bed, from which she never arose. The next day, she was visited by Dr. Lincoln, who found her delirious, and with strong febrile symptoms. In the course of a few days, there began to be symptoms of peritoneal inflammation; patient inclining to lie on her back with knees drawn up; and soon there was tenderness over the region of cæcum, which gradually extended over the whole abdomen. Efforts were made from the first to procure an evacuation from the bowels; but with only partial success. There was no more vomiting than would have been caused by the active cathartic medicine she took. Abdomen tumid; some colicky pain; somewhat feverish and occasionally delirious from the first; much prostrated.

On dissection, there was found a considerable quantity of sero-purulent effusion, with some lymph. Intestine much distended with gas and liquid above the strangulation; empty and contracted below. The appendix cæci adheres strongly to the mesentery by a fibrous band, which is prolonged from its extremity, and is not larger than a small knitting-needle. The very lower extremity of the ileum to the extent of about five and a half inches, is the portion strangulated; but the strangulation was by no means perfectly tight, even in the recent state.

Dr. JACKSON, who communicated the case, remarked upon the peritonitis as a very unusual occurrence; he had never met with it in a case of internal strangulation, excepting once, and then it was owing to a perforation of the intestine at the seat of the strangulation.

Occlusion of the Vagina: Operation: Recovery.—Dr. STORER read the following cases, sent to him by Dr. BRAINARD, of Chicago.

July 7, 1852, I visited Mrs. —, a young married woman, æt. 19 years, in the central part of Wisconsin, on account of an obstruction of the vagina.

On attempting to pass the finger into the vagina, it was arrested at its very orifice. Immediately behind the carunculæ myrtiliformes there was a firm cicatrix which entirely shut up the passage, there being a transverse band from side to side, both above and below which there was a slight depression scarcely half an inch deep. On introducing a catheter into the bladder, and the finger into the rectum, the septum seemed thin, and not as thick as the

natural septum of the bladder and vagina. The uterus was felt distended, filling up the cavity of the pelvis, and rising so as to be felt in front two inches above the pubis. She was constantly affected with severe expulsive pains.

This young woman, who was but 19 years of age, and presented appearances of not fully developed womanhood, was married on the 8th of October, 1851. About the 20th of November following, she was attacked with great pain, hemorrhage, profuse discharge of pus and mucus. There was constitutional disturbance of the severest kind, and her life was despaired of. There followed a discharge of shreds and sloughs, horribly offensive, which continued several weeks. This attack was taken for an abortion, but without good reason. It was simply a violent case of acute vaginitis, from too frequent sexual connection with the sexual organs imperfectly developed. She informed me, in answer to inquiries, that coition was very painful, and became more and more so.

Pains, indicating the return of the menstrual period, occurred Feb. 1, 1852, and recurred twice at four weeks' interval without discharge. From that time, the pains were continuous up to the time the operation was performed, the uterus gradually enlarging.

Operation, July 8, 1852. The patient being placed in a suitable position, an incision was made from before backwards through the band before described, extending the diameter of the vagina. The sides being separated by the finger, it was found that the mucous membrane of the rectum could be separated from that of the bladder with the point of the finger, without great violence. When a band of tissue resisted, it was divided with a blunt-pointed bistoury. The separation was freely made to the uterus.

Here, however, instead of finding the os uteri, nothing but a smooth round tumour presented itself. The finger was carried over its surface, and the surface denuded for a space at least two and a half inches in diameter. Finding no mouth, I determined to make a puncture at a point where a slight elevation was felt, and where it was presumed the os had been situated before it sloughed away. Accordingly, I made an incision in the form of two-thirds of a circle an inch in diameter, raising up a piece attached towards the anterior part. There was a copious discharge of the menstrual blood. The wall of the uterus was thick, and gave the sensation of fibres in cutting. Passing the finger within, a slight depression was found opposite the little tubercle noticed externally, seeming to confirm the idea that this was a vestige of the neck.

After treatment, a tent, or pessary, one and a half inches in diameter, made of pieces of sponge strung together upon a stick, and covered with oiled silk, was passed into the artificial vagina. The point was sufficiently small to press into the opening of the uterus, and the whole long enough to project externally. The case was intrusted to the care of Dr. Robert W. Earll, to whom, and to Dr. Axtell, I was indebted for assistance.

Not a bad symptom occurred; no swellings, and but little inflammation. August 25, she was able to walk from her room without difficulty.

Four months after the operation, Nov. 8, she was well, doing the work of the house, and able to ride several miles. The cicatrization was perfect, at least that was Dr. Earll's opinion. The menses have occurred regularly without pain, excepting the first, August 20, which was painful. She is unwilling to dispense with the pessary, as she experiences a sensation of falling of the womb without it, even when lying. Sexual connection is not painful, and there is no tendency to contraction.

May 30, 1853.—She continued in the same satisfactory condition.

Occlusion of the Vagina and Uterus.—I was called, May 25, 1853, to visit a patient with the above difficulties.

She was a young and healthy woman, who was delivered of her first child in January, 1853. The labour was difficult, lasting forty-eight hours, and was finished by cephalotomy.

About the 1st of April, 1853, Mrs. C. discovered that the vagina was closed.

On examination, it was found, indeed, that a perfect closure existed, commencing immediately behind the orifice of the canal, and extending back as far as the finger in the rectum could reach.

Being consulted at the time it was discovered, I advised no operation to be performed until several menstrual periods had passed, and the uterus and vagina were distended in some degree with the fluid.

Early in May, they wrote me that such was the case, which I found afterwards probably was not so.

May 25, 1853. I performed the operation in the same manner as in the case of the former patient.

The vagina was entirely obliterated and adherent, except a small piece in front of the os uteri.

The os and cervix were found of their natural form and position; but the os was closed. There was no distension with menstrual fluid. An incision was made across the mouth of the womb, and a catheter passed into it. A large tent, one and a half inches in diameter, was passed into the vagina, and the patient put under the influence of a full dose of morphia.

July 7. I have not yet received a report of the progress of the case from the physicians who had charge of it.

Tubercular Meningitis in the Adult.—Dr. JACKSON reported the case, which has lately occurred under his care at the Hospital. The patient was a healthy-looking young man, nearly 21 years of age, and entered on the 16th inst. Having had dizziness, with blurring of the sight, for about two weeks, headache supervened on the 4th inst. For the two following nights he worked at his business as a baker, and then gave up. On the 7th, delirium came on, and continued as the most marked symptom; being so active, on his admission into the Hospital, that, after the first night, he was removed from the ward. History given by a friend. There had been scarcely any vomiting, which is so very marked a symptom in this disease; but the bowels were very costive. After admission, the delirium soon subsided; and from the morning of the 18th, until his death, which occurred on the evening of the 21st, there was profound coma during most of the time. Drooping, and, towards the last, closure, of the right eyelid. Pupils dilated and fixed. Eyes not particularly congested. Urine quite abundant, as it seems to be not unfrequently in this disease; but retained from the evening of the 18th, so that the catheter was required twice daily. Groping with the hands and picking at the bedclothes was a marked symptom for three or four days after admission. On the 20th, the nurse reported that he had not moved his lower extremities for the last twenty-four hours; and he certainly could not then be made to move them by irritating the soles of the feet, though sensibility was manifested. The tongue was dryish when last seen; he took no food after about the second day, and was often choked by drinks. Abdomen retracted. Pulse 84 on the 17th; 162 on the 20th. Respiration diaphragmatic, but not otherwise remarkable. Emaciated much after admission. Heat of skin moderate, having been much increased before admission.

On dissection, there were found in the head very much the usual appearances; the convolutions over the convexity being rather less flattened, and the arachnoid surface there rather more moist than usual. Serous effusion at the base, with opacity of the membranes, but with very indistinct appearances of lymph; $\frac{3}{4}$ of serum in lateral ventricles; central portions of the brain extensively softened, and generally to the degree of diffuence. The surface of the brain also, at the base, anteriorly, was in some parts equally soft, and came off with the membranes when they were raised; in one place, "capillary apoplexy" was seen with the softening to the depth of perhaps one-third of an inch. Pia mater red, fleshy, and finely granulated at the base, as usual.

In the thorax, there was found old disease of the glands about the lower part of the trachea, with a trace of suppuration. At the apex of the left lung was a small amount of disease, apparently quite recent, and peculiar in character. There was, first, a small deposit of lymph; and near it another deposit, mixed with pus, and surrounded by deep ecchymosis; between the two were two or three minute whitish points, which may, perhaps, have been tubercles; but, if they were, they were the only traces of them that were found in the thorax. Lungs otherwise quite healthy; universal old pleural adhesions on the right side, the left being free, except to a very small extent at the diseased apex.

Dr. J. remarked upon the comparative frequency of tubercular meningitis in the adult, as observed here.

August 8. Hermaphroditism.—Dr. W. I. BURNETT gave an account of a remarkable case of hermaphroditism, the parts of which he had recently enjoyed the opportunity of carefully examining at Cleveland, Ohio. The case has already been described by Dr. Blackman, in the number of the *American Journal of the Medical Sciences* for July last, and has attracted no little attention; but Dr. B. thought the subject worthy of a farther mention.

The individual from whom the structures were taken was a male, 28 years of age. Nothing is known of his early life. He was of English origin, of rather a simple mind, and an hostler by occupation. The last eighteen months of his life were spent in the service of a physician in Cleveland. During this time, he disclosed none of his peculiarities, but was known to be strangely unwell regularly every month. He manifested rather an aversion to female society, and appeared rather free from sexual passion. He died from cerebral congestion, during one of his monthly attacks. His body was used for anatomical dissection, during which his sexual anomaly was accidentally discovered. At that time, the female parts appeared like those of a normal female during menstruation; the uterus was filled with blood, as well also as the vagina, and its continuation into the urethra even through the penis. The parts, with all their contiguous tissues, were immediately dissected out carefully from the body, and preserved. The pilose system of this individual was feebly developed; beard scanty; pelvic and thoracic formation that of a female, excepting mammae, which were male. Such is the account kindly furnished by Professor Ackley, of Cleveland.

The following is Dr. Burnett's statement of an anatomical examination of the organs:—

Male parts.—Penis of normal size and structure, and presenting the appearance of that of an adult, rather than of a boy before the age of puberty. Scrotum normal, but empty.

The urethra, prostate gland, vesiculæ seminales and bladder were like those of a well-formed male. The testicles were situated in the locality of

their primitive formation, and, as before, descended in the foetus. They were about half the usual size of a man of that age, and their real testicular structure was so apparent that it did not seem necessary to subject the tissue to a microscopical examination. From the epididymis of each, passed off, as usual, a vas deferens, which, running along the brim of the pelvis, finally terminated normally in the urethra, the vesiculæ seminales being present as usual.

Female parts.—The vagina was of the usual size, but at its lower part it was contracted into a small tube, which passed into the urethra between the lobes of the prostate gland. The communication here between the female and male parts was complete and perfect. The vagina was continuous upwardly, with a uterus of normal structure and appearance, and whose size was that of this organ taken from a well-formed female of eighteen years of age. (A specimen was at hand for comparison.) The cavity of this uterus was complete; and from it passed off, on each side, an ordinary Fallopian tube, which terminated in the usual fimbriated extremity. The ovaries were situated in their ordinary locality, and their structure was such as to leave no doubt as to their physiological character, without the need of a microscopical analysis.

This case is so remarkable as to be almost without a parallel in the history of monstrosities. In the well-known work of Isidore St. Hilaire, one or two analogous cases are quoted; but only one of these refers to the human subject.—See *Histoire Générale et Particulière des Anomalies*, &c. ii. p. 164.

This instance is all the more worthy of attention, since true hermaphroditism in the human subject is totally denied by some, and all cases of this nature are referred, as merely apparent, to false hermaphroditism. Such is the opinion held by Bischoff (see *Wagner's Handwörterbuch*, i. p. 918); and Vogel (*Pathological Anatomy*, &c. Philadelphia, 1847, p. 475) thinks that the cases given are in the highest degree questionable, and founded on a false interpretation of the supernumerary parts.

In the present case, the opportunity for so careful an examination of the parts can leave little doubt that the supernumerary parts were not falsely interpreted.

It may be added that the existence of such normal female parts, which had the function of menstruation, makes it highly probable that this individual was capable of impregnation. But it is improbable that the testicles ever performed their true function, and so this individual was physiologically only a female, and the mature, normal appearance of the penis was probably due, not to virile vigour, but to a periodical excitement contemporary with the menstrual function.

Tetanus: Recovery. Reported by Dr. S. D. TOWNSEND.—The patient, a female, aged 28, a prostitute of intemperate habits, was breaking ice with a fork, on Saturday, July 31, when the fork penetrated the thumb of the left hand, under the nail. At 9 o'clock A. M., August 1, she was seized with violent spasms, and was seen by Dr. Wm. E. TOWNSEND in the evening, who made an incision over the wound, and directed an opiate for her. She was taken to the hospital, where Dr. T. saw her about 9 o'clock P. M. The paroxysms were extremely violent, recurring every ten minutes, at times oftener, and from one to two minutes in duration. During the spasms, the veins of the head and neck were very turgid and prominent; respiration entirely suspended; consciousness not impaired; opisthotonos perfect; pulse not much accelerated. The paroxysms continued with the same frequency until 11 P. M. when they occurred less often, and were not so violent. An attempt was made

to get her under the influence of ether, without success. Chloroform was also tried, which seemed to have more influence over her; but they both apparently increased the frequency of the spasms. The warm bath was also used, with no better success. Brandy and laudanum were repeatedly rejected by the stomach. Fowler's solution, which has been reported to have been successful in several cases, could not be retained. At 5 o'clock A. M., Aug. 2, there was a recurrence of the spasms, the patient having six between that time and 11 A. M. At 8 o'clock, she commenced taking 1 gr. of opium every half hour, which was continued until she had taken 8 grains, when she slept. Dr. Parkman saw her with Dr. Townsend this morning, when it was decided, if the spasms were not relieved at 1 o'clock, to open the trachea to admit air into the lungs during the paroxysms, and the thumb was also again laid open; but at that hour she was much relieved. August 3, there was a recurrence of the spasms, but with less violence; opium was repeated until she had taken 10 grs.; in the evening, 5 grs. of calomel were given, which operated the next morning. August 4, took 3 grs. of opium during the day; had but four spasms; since which she has been entirely free from them.

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ERRATA.

- Page 23, line 23, for *solution of soda* read "*solution of chloride of soda.*"
 „ 84, „ 20, for *sensible* read "*insensible.*"
 „ 85, „ 40, for *bicuspid nerve* read "*bicuspid, never.*"
 „ 220, „ 40 and 48 for *grs.* read "*gtts.*"





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